Clinical Lecture
ON
PSEUDO-HYPERTROPHIC MUSCULAR PARALYSIS.

Delivered at the National Hospital for the Paralysed and Epileptic, to Students of University College,

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(Continued from p. 39.)

WE may now pass to the consideration of some of the symptoms of the disease. Its characteristic, as you will have gathered from the cases I have shown you, is a progressive alteration in the size and diminution in the power of certain muscles. The alteration in size is of two kinds—an increase and a diminution; and we cannot draw any sharp symptomatic distinction between these two changes, since each may be attended with diminished power, they may be distributed variously in different cases, and the condition of enlargement may pass into, and even be preceded by, diminution. In some rare instances every muscle in the body may be enlarged, as in a striking case figured by Duchenne.[1] Commonly only a few muscles are increased in size, those most uniformly enlarged being the muscles of the calf, which in the majority of cases are large and firm. Those in front of the leg are less commonly enlarged, as in the case I first showed you. The extensors of the knee are sometimes large, more commonly they are wasted; and the same may be said of the muscles (extensors) of the spine. The glutei are often enlarged. Rarely the abdominal muscles are large. The infraspinate and deltoid muscles are often increased in size. The latissimus dorsi is commonly much wasted, and so also is the lower (sterno-costal) portion of the pectoralis major, the clavicular part being much less commonly affected. The biceps is sometimes enlarged, the triceps much more frequently. Both muscles are, however, often wasted. The forearm muscles are rarely affected, and then only by partial wasting, very rarely by enlargement. The small muscles of the hand are never affected. The trapezius may atrophy, rarely to a great extent. I have once or twice found the clavicular parts of the sterno-mastoids irrecognisable. The muscles of mastication, temporals and masseters, are sometimes much enlarged, as in the lad S—— whom I have mentioned. In a few cases the tongue is enlarged; it was so in the family B——. Now and then signs of enlargement of the heart have been observed, and it has been supposed to suffer in the same way as the voluntary muscles, but recorded evidence scarcely at present establishes the fact.

When enlargement occurs it is commonly the first symptom to attract attention. Rarely a condition of diminished size has been observed to precede enlargement.[2] It is highly probable that the small calves of the patient Harvey S—— (Fig. 1) will become enlarged, and present in a few years the condition seen in his brother. Much more frequently enlargement, already existing, has increased under observation. At a later period the large muscles shrink, and ultimately may become unnaturally small. In one remarkable case, recorded by Dr. Hammond,[3] the calves and thighs, which were enlarged at six years, wasted until nine, and then presented a very rapid secondary increase in size. In the extensors of the knee, and especially in the latissimi, pectorals, and upper arm muscles, the diminution in size is usually primary. You will readily understand from this that the process which leads to enlargement, and that which causes wasting, may be so proportioned as to counterbalance one another, and muscles may be of normal size, and yet gravely diseased. Such a condition is not rare; it was presented by some of the muscles in the first case I showed you, and has probably in many cases caused the nature of the affection to be overlooked.

The electro-motility of the affected muscles is lowered to faradisation, but usually only in slight degree, except in the muscles which are greatly wasted. Usually the irritability to voltaism is the same as to faradaism; very rarely greater voltaic irritability has been observed.

The diseased muscles are weak. The amount of weakness varies, and is less in the stage of enlargement than in that of wasting. In the former, it may be considerable or slight, so slight that its existence has been doubted, and it has even been said that the muscles are stronger than normal. I believe that this doubt has arisen from the strength being estimated by the resistance to passive movement—in the case of many powerful muscles a very uncertain test. In the case of the calf muscles, for instance, the force which can be applied thus is trifling compared with that exerted by the healthy muscles, and a test which approximates to their physiological exertion, such as raising the body or jumping, will always show them to be weaker than normal. The weakness of the extensors of the knee, and of the flexors of the hip, is usually easily recognisable, and so also, very often, is that of the extensors of the hip, glutei, the extensors of the spine, and of the arm muscles. Ultimately all power over the ankle, knee, hip, shoulder, and elbow-joints may be lost, and even the neck muscles may support the head with difficulty.

It is to the muscular weakness that the peculiar attitude is due. The muscles which are most feeble—the extensors and flexors of the hip and the extensors of the knee—are those on which depends chiefly the maintenance of equilibrium in the upright posture, when from any cause the balance of the body is suddenly interfered with. Hence the equilibrium is maintained with difficulty; the patients habitually stand with the feet far apart, so as to enlarge the base of support. It is not that this attitude is essential; they are able to stand with the feet near together; but such a posture is insecure; and even with the feet apart, on a very slight disturbance of balance they fall. As the mother of one patient expressed it, "a breath of wind was sufficient to send him down."

The peculiar gait is due to the same cause. The oscillation in walking, by which the body is inclined from side to side, so as to bring the centre of gravity well over the foot which is upon the ground, was shown by Duchenne to depend upon the weakness of the gluteus medius.[4] This muscle normally counteracts the tendency of the pelvis at each step to incline towards the leg which is off the ground; and if the muscle is weak, the weight of the body has to be thrown further over the supporting leg than in health, and hence the oscillating gait.

The lumbar lordosis, the antero-posterior curvature of the spine, which is so conspicuous in these patients when standing, has, by all authors from Duchenne, been attributed to the weakness of the spinal extensor muscles; and Duchenne[5] described, as a distinction of this form of lordosis from that which results from weakness of the abdominal muscles, that the shoulders are carried so far back that a vertical line from the scapulæ falls behind the sacrum. This is true, however, only of extreme cases. In the first patient you saw, such a vertical line falls well within the sacrum. But it is, I think, doubtful whether the lordosis is mainly due to this cause. Weakness of these muscles may, as Duchenne showed,[6] cause the shoulders to be carried far back, so as to bring the centre of the equilibrium of the upper part of the trunk as far back as possible; but, according to his description, the inclination backwards from this cause starts from the pelvis, which is more extended on the thigh-bones than normal. But in pseudo-hypertrophic paralysis in the erect posture, in which posture alone the lordosis is observed, I have found that the pelvis is much less extended, its inclination forwards is much greater, than normal. This inclination is probably due to the weakness of the extensors of the hip, and the lordosis is apparently connected with it, since the lowest lumbar vertebræ share the direction of the sacrum, the weight of the abdomen falls unduly forwards, and a compensatory backward inclination of the dorsal spine is necessary to keep the centre of gravity in the normal position. When the patient sits, the pelvis rests on the ischial tuberosities, its inclination forwards ceases, and with this the lordosis disappears, and is even replaced by a backward

[1] Electrisation Localisée, third edition, plate 3.
[2] Pepper: Philadelphia Med. Times, 1871. Mahot: Thèse de Paris, 1877.
[3] Diseases of the Nervous System, 6th ed., p. 493.
[4] Phys. des Mouvements, p. 340.
[5] Arch. Gén. de Méd., 1868.
[6] Phys. des Mouvements, p. 716.

dorso-lumbar curve, due, without doubt, to the weakness of the spinal extensors; slight when these are little affected, as in the first case I showed you; extreme when these are greatly atrophied, as in the patient L——. An unequal distribution of the weakness, and the habitual posture of the patient, lead to the lateral curvature so conspicuous in the later stages of the disease in most patients. In the patient Charles H—— this was associated with such a rotation that the tips of the left transverse processes of the lumbar vertebræ projected backwards as far as the spines. In all the cases I have seen, the lateral spinal curvature has been with the concavity and rotation of the spinous processes towards the right.

The weakness of the muscles of the legs also causes the peculiar difficulty in rising from the floor or a chair, and in going up-stairs, and its distribution determines the expedients to which the patient has recourse to assist himself in the movement. One of the most common of these is the custom of putting the hands on the knees (Fig. 4), apparently

FIG. 4.

to push the trunk up, to help the extension of the hip-joint—an action which, as I have told you, is practically pathognomonic of the disease. It is met with in no other affection, never entirely absent in this. I have said that it is *apparently* to help the extension of the hip-joint because, although this is the common explanation, I believe it is only partially correct. We may often distinguish two actions: in one the hands are placed on the knees, and kept there; in the other they are afterwards placed on the thighs, the thigh is grasped, and the hands moved alternately higher and higher. The latter action is that which assists the extension of the hip-joint. The former assists the extension of the knee-joint, and has very little to do with the extension of the hip. You may observe the proof of this in two ways: First, in a patient who performs both these actions it may be observed that whilst the hands are upon the knees there is little extension of the hip-joint, but the knees are being extended; then when the knees are straight, or nearly so, he works his hands alternately up the thighs, and so gradually extends the hip, and when nearly upright his muscular power is usually enough to complete the extension. Secondly, if a patient merely puts his hands on his knees, and does not work them up the thighs—i.e., if he helps the extension of the knee, and not that of the hip, you will find, as I have several times observed, that if the knees are kept extended, he can bend his hips so as to touch the ground and rise again, without needing to touch his knees. But if he flexes his knees, he cannot straighten them without putting his hands upon them.

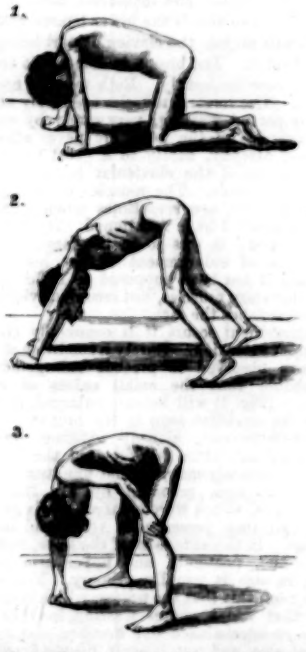
The reason why this action affords such help in extension of the knees is obvious on a little consideration. In rising from the ground with the knees flexed, the weight of the trunk, resting on the hip-joints, is at the extremity (Fig. 5, W) of a lever (the femur) of the third order, the fulcrum (F) being at the knee, and the power, the contraction of the quadriceps extensor, being applied (P) between the weight and the fulcrum—i. e., in the position in which it acts to least advantage. But by placing the hands on the knees—i. e., on the end of the femur—a large part of the weight (the larger the more the patient bends forward) is transferred to the lever (at W) close to the fulcrum; the lever is, in so far, transformed into one of the second order, in which the weight is between the power and the fulcrum, and the power is economised in the greatest degree.

FIG. 5.

Moreover, if the patient bends down, the centre of gravity may even be carried in front of the knees, and then, if the hands grasp the knees firmly, the weight of the body, instead of being the weight to be moved, becomes a force applied to the upper end of the femur, and affecting the extension of the knee without the slightest action of the quadriceps extensor, as anyone may ascertain by observing the mobility of the patella in this attitude.

Some patients, however, with similar muscular weakness, have recourse to another expedient for effecting the extension of the knee-joint (Fig. 6). In getting up they first

FIG. 6.



put the hands on the ground (1), then stretch out the legs behind them far apart, and, the chief weight of the trunk resting on the hands, by keeping the toes on the ground and pushing the body backwards, they manage to get the knees extended, so that the trunk is supported by the hands and

feet, all placed as widely apart as possible (2). Next the hands are moved alternately along the ground backwards, so as to bring a larger portion of the weight of the trunk over the legs. Then one hand is placed upon the knee (3), and a push with this and with the other hand on the ground is sufficient to enable the extensors of the hip to bring the trunk into the upright posture.

The shortening and permanent contraction of certain muscles leads to another group of symptoms—distortions due to permanent alteration in the position of joints. Some of these are produced, as are distortions in other forms of muscular weakness, by the shortening of the less affected opponents of other, more affected, muscles. Thus the knee-joints become fixed by the contraction of the flexors, and the elbow by the contraction of the biceps when the triceps has lost all power. These contractions only occur late, and are usually facilitated by the habitual flexion of the knee and elbow joints in the sitting posture. But the deformity at the ankle-joint, which results from contraction of the calf-muscles, commences at a much earlier period, before there is any disproportionate weakness in the opponents of these muscles and without any assistance from posture. It coincides, commonly, with the diminution in bulk of the muscle, and may be the result of the shrinking occurring in the length as well as in breadth,—a primary contraction. As a consequence of it, the patient cannot get the heels well upon the ground, and the foot cannot be flexed passively beyond a right angle. The gradual increase of the contraction results in a condition of "talipes equinus," and the patient walks upon the toes in a very characteristic manner. In consequence of the muscular weakness which coincides, the patient is able to walk but little, and the loss of the extension involved in the act of walking permits a rapid increase in the unopposed contraction. The feet, as Fig. 3 (p. 37) shows, soon assume a posture of extreme extension, the dorsum being in a line with the front of the leg, or the two may even form a convex curve. The spinal deformity, as I told you, is solely the result of muscular weakness.

In some cases a marked mottling of the skin of the legs has been observed, an exaggeration of that often seen in healthy children. Attention has been called by Dr. Ord to the temperature of the calves, which has been found to be higher than that of the thighs. But in other cases the change is in the opposite direction. In several cases we have tested this, and failed to find any uniform difference.

Other nervous functions are usually unimpaired. Sensibility is, in all typical cases, unchanged. Occasionally pains are felt on use of the muscles most diseased. Reflex functions are usually unimpaired, with the exception that the patellar-tendon reflex I have found absent in several cases in which the atrophy of the extensors of the knee was considerable. Earlier in the disease it is present.

In all the cases, except one, which I have mentioned to you to-day, the cerebral functions were unimpaired, and in several the intellect was remarkably acute. In most recorded cases the mind has been unaffected. In some, however, there has been mental dulness, and even actual idiocy. Several of such cases have been published by Dr. Langdon Down. It appears, therefore, that mental defect is not part of the disease, but that the muscular affection is rather more common among children who have mental defect than it is among others. In a few cases on record there have been epileptic fits, probably, like the mental defect, the result of an associated, not of a related, cerebral disease.

In two or three cases symptoms of spinal disease, spontaneous pain, formication, and paraplegic weakness have been described. These cases occurred in adults, and differed in many important particulars from the common form of the disease, and they ought, for reasons which I shall tell you presently, not to be classed with it. The premonitory stage of the disease, which one writer[7] has described from these cases, has no existence in the ordinary form.

The course of the disease varies much in different cases. The first symptoms commonly occur in early childhood, the power of standing is lost at ten or twelve years, and death occurs between fourteen and eighteen. In the cases in which the first manifestation of the disease is delayed until five, six, or eight years, the condition attained at puberty is usually less advanced, and life is prolonged until nineteen or twenty years; in some cases even longer. The rule of late development and slight degree is seen conspicuously in some of the cases in girls, as in the last case narrated, and in several others which are on record; as one in which the first symptoms occurred at five, and at fifteen the patient was still alive;[8] and another in which the first symptoms occurred at nine and the patient was seen at thirty-one.[9] In boys exceptions to this rule are not unfrequently met with, in which the disease, appearing late, has made very rapid progress. In a case described by Dr. William Smith,[10] for instance, the first symptoms were not noticed until five years of age, and at eight the patient had already lost the power of standing. On the other hand, in a few cases in which the first symptoms coincided with the first attempts to walk, the disease has run a slow course, as in the case of William S—— I described to you, who is now nineteen and a half years of age. Instances of this are also seen in girls, as in a case in which the first symptoms were noted at a year and a half, and the patient when seen was twenty-seven years of age.

Of twenty-four cases in which I have found the age at death mentioned, in nineteen the patient died between ten and twenty—viz., in one case at eleven, in four at thirteen, in two at fourteen, in two at fifteen, in five at sixteen, in two at seventeen, in three at nineteen. In two cases the patient died at six, in one probably, in the other certainly, of an accidental malady. In one case death occurred at thirty, and in two at a little over forty years. (The latter three occurred in families in which other cases occurred and ended in early life.) This list includes only three females, one of whom died (of scarlet fever) at six, one at fifteen, and the other at forty-two.

The disease is not itself fatal; death is always the result of intercurrent maladies, the occurrence or fatality of which is, however, in most cases the result of the muscular disease. The weakness and wasting of the thoracic muscles, for instance, gradually lessen the respiratory power. The patient is thereby weakened, and is rendered an easy prey for the maladies which lie in wait for the infirm. The most common cause of death, indeed, is the direct interference with the action of the lungs. As the patient becomes weaker, bronchial râles are heard through the chest, dyspnœa comes on, and is rather increased than lessened by the patient's feeble attempts to cough. Pyrexia may be developed, and the patient dies with the signs of a chronic broncho-pneumonia, which has in many cases been found after death. In some cases a more acute lung affection occurs, a trifling cold developing, under the pulmonary conditions, into a grave disease. In a few recorded cases some other intercurrent malady has been fatal, especially measles, no doubt from the bronchitis which, as you know, often accompanies that disease. Of nineteen cases in which the cause of death was mentioned, lung disease was the cause in thirteen cases, measles in two, an acute intestinal affection in two, laryngeal croup in one, and scarlet fever in one case.

(To be concluded.)

[7] Berger, Deutsch Arch. f. Klin. Med., ix., 363.

[8] Cavagnis, Ann. Univers. d. Med., 187-.

[9] Petrson, Zeitschrift für Prakt. Med, 1876, No. 51.

[10] Australian Med. Journal, 1871.

IMPACTION OF A GOLD PLATE AND FALSE TEETH IN THE ŒSOPHAGUS FOR UPWARDS OF TWO YEARS.

BY NICHOLL EVANS, M.D.

AT 11 P.M. on April 26th, 1877, I received an urgent summons to go and see Miss A——, who was said to have swallowed some artificial teeth.

On my arrival, I found an anæmic, exceedingly thin girl, aged twenty-one, an invalid for many years past, who informed me in a whisper (amongst other complaints she suffered from hysterical aphonia) that in the act of taking a pill, about fifteen minutes before my arrival, she threw her head back, and an artificial gold plate, with four incisor teeth attached, fell from the upper jaw into her mouth, and was swallowed with the pill. The plate had not long been made by the dentist, and fitted rather loosely. She complained of deep-seated pain behind the sternum, about two inches from its upper end, and in the back half-way between the

spine of the right scapula and the vertebræ. She had not retched or vomited. My partner, Mr. Mavor, had also been sent for, and on his arrival we passed an ordinary sponge-headed probang into the œsophagus, which met with resistance at a distance of eight inches and a half from the lower incisor teeth. Using some pressure the sponge went beyond the obstruction, and was caught firmly on trying to withdraw it, but soon returned without removing the foreign body. This was repeated at intervals three or four times, with the same result, care being taken not to use violence in the withdrawal of the probang. We then gave a strong emetic of mustard-and-water, which was swallowed without much difficulty, and was quickly rejected in a fairly full stream, but without dislodging the plate. After some further rest, we bent the end of a long stout silver probe into the shape of a hook, and fastening a piece of string on to the other end, passed the probe down the gullet beyond the obstruction, and hooked apparently one of the springs of the gold plate, as it required considerable manœuvring to detach the probe again, but no impression was made on the obstruction.

It was now 4 A.M., and as we had spent five hours in unsuccessful attempts to get the teeth up, we decided to send for Mr. T. Smith from town, who arrived at 8 A.M. After hearing our report, Mr. Smith passed an œsophageal bougie direct into the stomach, and turning round, said, "It has gone down; it is not there now." When, however, I again passed the sponge-headed probang, the obstruction was still met with at the original spot. Mr. Smith now tried to grasp the plate with a long pair of forceps, but without success. So, finding that our patient could swallow fluids, we decided, as she was becoming exhausted, to postpone further measures for forty-eight hours; and after administering an opiate we left her.

Mr. Smith returned on the 29th, and finding Miss A—— fairly well, considering the strain to which she had been exposed, again endeavoured to seize the plate with a longer pair of forceps—after sounding with a probang and ascertaining that the plate was in the same place—but with no better success than before. We therefore resolved to trust to the "chapter of accidents," and fed her as well as we could with fluids and nutrient enemata, any further operation for the removal of the obstruction being for the time out of the question.

From this time the girl herself, as well as her parents, were unwilling to allow any further operative interference, as I could not guarantee its success, and it would not be unattended with risk. She continued to live, however, in much the same condition, swallowing such food as she could. The enemata were well borne for some weeks, when they had to be discontinued on account of irritability of the rectum. Mr. Smith saw her again at the end of November, seven months after the accident, but was unable to persuade her to submit to any further operation. She was now so thin that the spinal column could be felt almost without pressure immediately behind the abdominal walls.

In this state she remained until May 5th, 1879, when I was asked to call and see her, and was informed that she had brought up the teeth (two years and eight days after swallowing them). About 11 P.M., May 4th, she was attacked with retching, and when this passed off she inhaled a teaspoonful of chloroform (as she was in the habit of doing when in much pain). While drowsy from the chloroform she vomited, and, hearing a chink in the bason, she picked out the teeth from the vomit. She felt no unusual pain, and brought up no blood. Since then the pain in the œsophagus has not decreased, nor is deglutition easier, but it is not accompanied by the troublesome choking which for some months has generally followed the taking of food, especially of certain kinds.

I brought away the artificial plate, and on examining it found it almost unaltered in appearance, the gold being merely discoloured in parts, while the plate fitted exactly the plaster cast of her mouth, which the dentist had been kind enough to send me soon after the accident occurred in 1877.

The poor girl's previous history is a somewhat unusual one, and perhaps the fact of her living so long may be accounted for by her having had for years before what one may call an education in starvation. Having been always a weakly girl, in 1869 she had a fall on the ice when skating, strained her left ankle, was laid up for thirteen weeks by that (and, query, the treatment of a bone-setter?), and has never walked properly since. During 1871 contraction of the leg set in. In June she caught scarlatina, and after it lost her voice. She was able to get about on crutches, but, the contraction of the leg continuing in spite of stretching, in 1876 Mr. Adams divided the flexor tendons behind the knee, but without any benefit following. The left heel now nearly touches the buttock, and the right leg has become similarly affected during the last eighteen months, though to a less extent.

She was always an eccentric feeder, no persuasions or threats on the part of her friends having any effect, and this eccentricity has increased of late; wholesome food, or what is considered so, generally making her vomit, while she could swallow and retain, even after the accident, such things as watercress, jam, onions boiled and chopped fine, cream cheese, Osborne biscuits, minced ham or tongue, crabs, &c., though, of course, in extremely small quantities. The stomach appears to be very contracted, and she suffers frequently from colicky pains and constipation, for which she takes castor oil (with ease) once or twice a week.

Menstruation commenced ten years ago at the age of thirteen, and occurred regularly for two years, ceasing then until 1877, since which time it has appeared occasionally, being more frequent during the last six months.

On May 22nd (seventeen days after the rejection of the teeth) I passed a sponge probang into the œsophagus. On account of the pain produced the examination was a hurried one. So far as I could ascertain, there was evidence of considerable pouching above, and contraction at the point where the teeth were lodged.

On June 25th there was no improvement in the general condition, deglutition being more difficult, and accompanied with more choking.

Note by THOMAS SMITH, F.R.C.S.

I venture to add to Dr. Evans's account a very brief statement. The foreign body in this case consisted of four incisor teeth fixed to a gold palate-plate, and having on either side two very sharp hooks. It measured rather more than an inch and a quarter in its widest diameter. It must have very seriously obstructed the passage of food, and I quite agree with Dr. Evans that life would not have been prolonged had not the patient been accustomed to live habitually in a state of semi-starvation. When I last visited her, seven months from the swallowing of the teeth, I had never before seen any living person reduced to such a state of emaciation.

I may mention that at the time of the last attempt to extract the teeth we had little doubt of being able to remove them at a future time, by waiting until presumably the œsophagus had become pouched above the seat of obstruction, but we were not allowed to make any further trial. There can, however, be no doubt from the sequel of the case that this pouching did take place, and that at last the foreign body came to lie quite loose in the œsophagus, for the teeth were finally ejected without effort, and by an act of vomiting which, in one so debilitated as our patient, could have possessed but little expulsive force.

THE PAST WINTER IN DAVOS.

BY DR. CLIFFORD ALLBUTT.

IN accordance with my promise, I venture to state the experience of the past winter in Davos, as a guide to the profession who have to advise patients in search of health. In THE LANCET of June 8th, 1878, I gave the experience of the previous winter, and I shall be able now to refer to the later state of some patients of whom I then spoke. The influx of English patients to Davos since the publication of my first papers in THE LANCET of Oct. 20th and 27th, 1877, has been so great, and the number of letters I have received on the subject has been likewise so large, that I do not make excuse for occupying these valuable columns with farther information, as accurate as I can make it. In the winters before I wrote upon Davos a mere handful of English found their way thither; in the next winter 50 resided there, and during the past winter more than 250 have resided. A heavy responsibility therefore rests upon me to justify my recommendation of this health-resort, and to point out as clearly as possible its advantages and its drawbacks. Most

unfortunately, the winter which has witnessed this great increase of English visitors has been, not only in Davos but everywhere, one of the worst, if not the worst, within the memory of man. That the winter has been of exceptional severity would not at first sight seem to have been a disadvantage to a place which rejoices in its arctic climate. Unfortunately, however, the severity of the weather which has afflicted England, which has made residence in the Riviera so miserable, and which again visited the lower levels of Switzerland with extreme cold and heavy snows, was at the higher levels, or at any rate in Davos, a "Fohn winter"—a winter, that is, in which the relaxing south wind prevailed. The winter at that elevation lacked, therefore, the brightness, dryness, and steadiness which come with the northern airs; the snow came late; it even thawed at times in midwinter, and the skies were gloomy, and the air damper and less invigorating. The winter was thus far less enjoyable and less restorative; nevertheless the results of residence seem to have been more encouraging than at one time I was able to hope for. By the kindness of Dr. Unger, Dr. Beeli, and Dr. Ruedi, I have notes now before me of nearly one hundred cases treated by these gentlemen during the past two winters. By far the largest amount of my information comes to me from Dr. Ruedi, partly because I have been able to talk over his cases with him personally, and partly because Dr. Ruedi's mastery of English naturally disposes English visitors to seek his assistance.

I must in the first instance refer to the case of my friend noted in my paper of last June as Case 6, and described as having cavities in one apex and infiltration of the other, with continuous and severe hectic, when I advised him to reside in Davos in the summer of 1877. Last spring I stated that his improvement was so great that another winter would cure him. Unhappily this was too sanguine a hope. This gentleman, however, has written to me in a hopeful strain, and added much to my knowledge of Davos. Incessantly labouring with his brain, and feeling extremely well, he determined to travel a while in Italy during October, 1878. His good health led him to take many liberties with himself. The weather in Italy was very bad, and more than once he sat in wet clothes. He returned to Davos with a bad cold, which lasted a very long time and threw him back greatly. Not till the end of March had the moist râles of renewed irritation subsided entirely. Some infiltration at the back of the left apex still remains, but it is confidently hoped that another winter will bring complete recovery. The case being hereditary in origin is of course the worse to deal with.

Case 1 of the report of last spring also returned to Davos for a second winter. During the whole winter he had no drawback, except that the bad weather interfered so much with the out-door life. A reference to the former note will show the reader that on his first arrival in 1877 there was a large cavity in the upper right lung, infiltration of the rest of the lobe, and moist râles all over the lung. He is not yet cured, as was hoped, but all moist râles have now vanished, infiltration is diminished, and the cavity—as shown by direct and compensatory signs—is closed to about one-third of its former size.

Case 10, of extreme catarrh of the stomach, also returned for two months. His recovery was almost complete last spring. He came in 1877 with a weight of 7 st. 21 lb., and in utter wretchedness; he left in the spring of 1878 at a weight of 9 st. 6 lb. He returned last January to Davos, weighing still 9 st. 6 lb.; and left in March, weighing 10 st. 7 lb. His digestion is still weak and needs careful dietary.

Of the other cases, Case 2 presumably was quite cured, and did not return to Davos. Of Case 3 I know nothing, and trust improvement continued. Case 5 died in England some months later. The remaining cases of the nineteen need no further allusion.

I now turn to the new cases, and of these I publish brief extracts. Full notes are at the disposal of any medical man who may be interested by any of the cases.

In THE LANCET for June, 1878, the cases were numbered up to No. 19.

CASE 20.—Age twenty-one. Arrived July, 1878. Ill three years; hereditary phthisis; many hæmorrhages. Signs bilateral, especially right. Died of pneumonia in March.

CASE 21.—Age twenty-nine. Arrived July, 1878. Always delicate. Phthisis in left lung. Caught pleurisy from a driving excursion. Amendment slow. Left Davos in November, 1878. No improvement.

CASE 22.—Age thirty-six. Arrived July, 1878. Hereditary phthisis of long standing. Signs bilateral. Two large cavities in right lung. Grew worse, and diarrhœa increased. Died October, 1878.

CASE 23.—Age thirty-six. Arrived July, 1878. Ill nine years. Occasional hæmorrhage. Signs bilateral. Right apex healed up; left improved. No hæmorrhage. Left Davos in April, 1879, much improved, and will return.

CASE 24.—Age forty-one. Arrived July, 1878. Ill two years. Progressive phthisis; bilateral; large cavity in left apex. Bad case; high fever all the winter, even up to 103·5°. Digestion wretched. Dr. Williams saw her at Christmas, and doubted whether she should stay. She remained till April, 1879. Dr. Ruedi reports general improvement and great improvement in left lung.

CASE 25.—Age twenty-eight. Arrived July, 1878. Dyspepsia. No benefit. Went, therefore, to Karlsbad, September, 1878, but without amendment.

CASE 26.—Age twenty-six. Arrived July, 1878. Congestion of right apex with moist râles. Bad leucorrhœa. Leucorrhœa stopped quickly. Lung cured in three months. Left Davos September, 1878.

CASE 27.—Arrived July, 1878. Age twenty. Acquired phthisis. Ill one year. Phthisis in right lung with fever; sweats and diarrhœa. Good progress; all symptoms departed. Left in August for Australia.

CASE 28.—Arrived July, 1878. Aged nineteen. Hereditary phthisis in right lung (dry infiltration). Ill one year. Gained much weight and health. Signs decreased also, but patient left Davos in September.

CASE 29.—Arrived July, 1878. Aged twenty-five. Congestion of lungs with one small hæmorrhage. One case of phthisis in family. Departed as cured in eight weeks.

CASE 30.—Arrived August, 1878. Age thirty-two. Hæmorrhage in 1875, and thrice since. Very weak. Infiltration in upper lobe, with hæmorrhagic tendency. No hæmorrhage during stay, but she often caught colds with new irritation and fever, so progress was difficult. General health greatly improved, and lung somewhat also. Weight increased 10 lb. Will return to Davos.

CASE 31.—Arrived Aug. 1878. Aged thirty-two. Congestion of right lung, with dulness. Perfect recovery and departure in two months.

CASE 32.—Arrived Aug. 1878. Aged twenty-eight. Slight infiltration of left lung. Gained much in general health. Pulmonary changes peculiar, and cannot here be detailed.

CASE 33.—Arrived Aug. 1878. Aged nineteen. Very ill. Permission to remain given unwillingly. The whole of the left lung infiltrated; moist râles all over; large cavity in upper lobe; right lung slightly infiltrated at apex; no râles; cough, sweats, and spitting very bad. I extract a few temperatures taken at 7 A.M., 5 P.M., and 9 P.M., taken from average days in the first month:—August 5th: 102°; 102°; 101·6°. Aug. 11th: Blank; 102·2°; 101°. Sept. 1st: 96°; 100°; 100°. Sept. 6th: 96·5°; 99·5°; 99·5° The thermometer was used daily, and although at a later date patient caught a bad cold, lasting fourteen days, yet no rise occurred; right lung recovered perfectly; left lung dried; infiltration gradually diminished, and the cavity began to contract; 20 lb. in weight was gained. The patient at this stage (Feb., 1879) most unwisely left for America.

CASE 34.—Arrived Aug. 1878. Aged fifty-six. Follicular laryngitis and asthma. Recovery. Gained 10 lb. Left Oct. 1878.

CASE 35.—Arrived Aug. 7th, 1878. Aged seventeen. Hereditary phthisis; dulness in right apex and fine crepitation. Recovered well, and so is very careless and often catches colds, which rarely, however, touch the lung. On account of very bad family history will return to Davos. Departed April, 1879.

CASE 36.—Arrived Aug. 1878; departed March, 1879. Aged twenty. Throat relaxed and general debility ever since infantile palsy. Recovered, climbing mountains in three months.

CASE 37.—Arrived Aug. 1878. Aged twenty-eight. Occasional hæmorrhage for two years. Phthisis in right lung, and cavity (?) under scapular region—i.e., tubular respiration and metallic râles. Discharge from left ear for a long time, and also discharge from abscess in right leg. Both discharges healed rapidly. Lung improved steadily, no hæmorrhage occurred, and physical signs slight on departure in April, 1878. Gained 7 lb.

CASE 38.—Arrived Aug. 1878. Aged forty. Hysteria enteralgia. Much nervous irritability. Improved at first, but *exam* told against her. Case not encouraged to remain.

Departed Oct. 1878. Wrote, however, to Dr. Ruedi a little while ago, saying she had been stronger and healthier during the winter at home than for five years previously.

CASE 39.—Arrived Aug. 1878. Aged thirty. Old pleuritic exudation and adhesions; dulness at both bases; respiration mostly deficient; aspect worn and delicate-looking. Rapidly recovered, perfectly well all winter, and indifferent to weather. Departed April, 1879.

CASE 40.—Arrived Aug. 1878. Aged thirty-two. Hereditary phthisis. First stage in left lung, of two years' duration. Dulness vanished; respiration amplified; cough lessened; appetite poor; no gain in weight. Caught cold twice, and chronic tonsillitis. Has no resisting power. Departed April, 1879, intending to return.

CASE 41.—Arrived Sept. 1878. Aged twenty-four. Phthisis, bilateral; left worse than right; moist râles both sides; cavities in the left upper lobe. Temperature first ten days averaged from 100 to 101° at 5 P.M., and was very obstinate. Finally, it was removed, and never exceeded 99·5°, which was noticed at times after excitement. The fever stopped; she gained strength, and could walk and drive out. Appetite good; gained 11 lb. Cavity closed, and râles ceased gradually. Patient now out of danger, and will return. Departed March, 1879.

CASE 42.—Arrived Sept. 7th. Aged nineteen. Hereditary phthisis (tuberculous); bilateral and progressing. Great weakness; inability to take the air. High P.M. fever. No improvement. Left Davos in October. Patient died at Cannes.

CASE 43.—Arrived Sept. 7th. Aged forty. Nervous debility from overwork and mental strain. Davos did harm; excited the nervous system, and aggravated attacks of cerebral hyperæmia. Patient dismissed to Lake of Geneva, where he recovered well.

CASE 44.—Arrived Sept. 8th. Aged twenty-two. Congestion of right apex and continual sub-inflammatory sore-throat. Recovered. Left March, 1879.

CASE 45.—Arrived Sept. 8th. Aged fifty. Phthisis; left lung; moist râles and bronchiectasis. Fever disappeared quickly, expectoration diminished, and lung healed. Left in good health for Christmas in England.

CASE 46.—Arrived September 13th. Aged twenty-seven. Phthisis, bilateral, several years' standing. Has tried many climates in vain. During autumn did well, and fever absent two months. In December fever returned, apparently due to exposure to sun, and progress not satisfactory. Cannot be out in the sunshine. Patient left Davos in a pretty fair state on March 27th, intending to return.

CASE 47.—Arrived Sept. 14th. Aged twenty-eight. Cough and occasional hæmoptysis for two years; bilateral tuberculosis with laryngeal tuberculosis; much weakness and depression; fever moderate; no appetite; sleep only with narcotics. Got on moderately, and sent home, March, 1879, in a tolerable state. Prognosis bad.

CASE 48.—Arrived Sept. 14th. Aged thirty-two. Intermittent hæmoptysis for four or five years; frequent bronchial attacks; respiration in left apex defective; slight dulness; both apices fail to expand. Neither hæmoptysis nor bronchitis occurred, although patient caught cold. Left Davos on March 28th, 1879, in a very good state, and arranged to return.

CASE 49.—Arrived Sept. 16th. Aged forty-four. Hysteria; lungs slightly affected; cough. Has tried different climates. Left Davos, March 20th, lungs quite healed, and cough gone. Nervous disorder no better.

CASE 50.—Arrived Sept. 20th. Aged thirty-four. Overwork, ending in nervous debility. Stayed one month. Improved well. Gained 10 lb.

CASE 51.—Arrived Sept. 24th. Aged thirty. Atonic dyspepsia and occasional diarrhœa. Diarrhœa did not recur. Digestion improved. Gained 2 st. in weight. Left Davos March, 1879.

CASE 52.—Arrived Sept. 27th. Aged nineteen. Recent phthisis of right apex; several hæmoptyses before leaving England; arrived with fresh inflammation of right lung; fever and night sweats; loss of weight. Fresh attack subsided within four weeks. Gradual and steady recovery. Infiltration still extensive, but dry. Gained 18 lb. Feels perfectly well. No hæmoptysis occurred. Left Davos March, 1879.

CASE 53.—Arrived Sept. 25th. Aged twenty-four. Congestion of right apex; stained sputa and shows of blood; anæmia; complete recovery. Left Davos March, 1879.

CASE 54.—Arrived Sept. 29th. Aged thirty-seven. Phthisis of right lung followed an operation. Had to leave in a few weeks on this latter account, not having gained much benefit.

(To be concluded.)

ON THE TREATMENT OF FISTULÆ AND SCARS OF THE CHEEK.

BY EDWARD BELLAMY, F.R.C.S.,
SURGEON AND LECTURER ON ANATOMY AT CHARING-CROSS HOSPITAL.

EXCLUSIVE of the treatment of fistulæ connected directly with a salivary gland, and which I do not intend here to discuss, it does not appear to me that the actual treatment of these most troublesome and unsightly complications is definitively laid down, but that the matter is generally dismissed into the category of such cases as are curable on "general principles." Some while ago a case of mine of complete fistulary perforation of the cheek, dependent on necrosis, was recorded in the "Mirror" of this journal, and which was treated most successfully by a very simple process, for which I can hardly claim any peculiar originality beyond the method of application, but which led me to believe that most if not all of these cases may be effectually cured, with their coexisting or resulting cicatrices, without leaving any observable trace behind them—a matter of considerable importance when the female face is concerned.

It is, in the first place, all-important to find out exactly the course taken by the fistula or fistulæ—a matter of considerable difficulty sometimes; and the following classification may have its value in diagnosis:—1. Those opening into the cheek, with a track above the level of the buccal or labial mucous membrane, and which usually discharge saliva only. 2. Those whose track lies below this level, and which discharge pus and muco-purulent fluid and no saliva. 3. A complication of both forms, and which discharge both pus and saliva. With regard to the accurate detection of their course, an ordinary probe frequently gives merely a general idea of the direction without passing into the offsets. I have always found that a fine filiform bougie, or, better still, a fine india-rubber French bougie, is more useful than anything else. After having determined the course, irritating cause, and condition of the fistula, in order to avoid further scar, the dead bone, if there be any, is to be removed by delicate but strong forceps or gouge, and afterwards the track should be washed out with a very strong solution of sulphuric acid, which has the effect of completely destroying the fistulous track; or by the introduction of minute crystals of nitrate of silver, until the granulations appear at the orifice, gentle pressure being maintained. A cicatrix, however carefully the treatment be carried out, is sure to remain, unsightly always and often troublesome, appearing as a "pucker," or adhesion to the underlying bone; and with regard to its treatment, I venture to state, from my own experience, that two methods are open to the surgeon, dependent on the extent or strength of these adhesions. The first consists in introducing a fine blunt-pointed tenotome through the tissue of the cicatrix—laminating it, as it were,—taking great care to leave it in free communication with the integument adjacent to it; next, to introduce between the split surfaces a thin strip of sheet-lead, which should be kept in, to prevent the adhesion of the surfaces divided by the tenotome. After a few days, the superficial lamina of the cicatrix may be subjected to gentle movement over the lower lamina, which the patient may conduct himself; this prevents adhesion, and renders the tissue pliant and assimilative. This may be termed the "passive movement" of the cicatrix. The second plan, if the former fails—or indeed it may be advisable at first,—consists in dissecting away the adherent tissue entirely, vivifying the edges of the cicatrix and bringing them together by means of fine entomological pins, and so gaining a mere linear scar at worst, care being taken, by movement, to prevent permanent adhesion. The great elasticity of the cheek structure permits of this without any deformity resulting as regards expression. Manipulative skill is necessary for success, but results appear so satisfactory that I am inclined to think that, in cases where it is important, for the sake of the patient's looks, operative proceedings should be undertaken, the above suggestions may be of use.

Wimpole-street, W.

SOME REMARKS ON SALICIN AND SALICYLIC ACID.

BY H. SENATOR, M.D.,
PROFESSOR IN BERLIN.

IN the last communication on the use of salicin and salicylic acid given by Dr. Maclagan,[1] in which repeated notice is taken of my own publications on the same subject, I find some important errors, which I should like to be allowed to rectify.

1. Dr. Maclagan says:—"The idea of Senator that salicin is converted into salicylic acid in the blood, and that salicylic acid is therefore the true remedial agency, has been accepted by the profession with a readiness which, considering the absence of evidence to support it, is to me surprising. It is a mere hypothesis, in support of which Senator has brought forward nothing worthy of the name of evidence." That salicin is converted into salicylic acid in the organism is not an idea, but a fact; and does not proceed from me, but from Laveran and Millon, C. G. Lehmann, and H. Ranke, who long ago, as I quoted in my first preliminary publication,[2] demonstrated that salicin is partly converted into salicylic acid in the organism. Of course I did not need to bring new evidence in support of a fact already proved. I had only the idea—remembering this fact, which, as it seems, was not, and is not yet, generally known—to try the salicin in the same conditions in which salicylic acid had been recommended.

2. Dr. Maclagan says:—"Immediately after the publication of my original paper, Senator drew attention to it (salicin), and expressed his preference for salicin, as being more efficacious than salicylic acid." I never asserted that salicin is more efficacious than salicylic acid; on the contrary, in my detailed communication[3] I repeatedly stated that, as regards rapidity and intensity of effect, salicin is far inferior to salicylic acid. This is not surprising, because only a part of salicin is converted into salicylic acid, to which alone it owes its therapeutic virtues. I only preferred salicin because it does not produce the many disagreeable and even dangerous accidents which occur with salicylic acid when administered in large doses, and therefore I should prefer it even now in cases where a longer continued use of salicyl preparations is necessary, but not in cases (of acute rheumatism or other febrile diseases) where there is danger in delay.[4] Unfortunately in this country the price of salicin is too high for extensive use.

3. Dr. Maclagan says:—"Salicin and salicylic acid are two distinct substances. Being so, they not unlikely have different actions on the system. Observation and evidence show that their action on the system is different—that the action of salicin is tonic, while that of salicylic acid is depressing, sometimes alarmingly so." As to the different action, this is simply explained by the fact that the conversion of salicin into salicylic acid proceeds gradually and slowly, not suddenly, so that a smaller quantity of the acid is formed and active at one time. We observe the same differences in the case of quinine when given in small or large doses, yet no one will on that account say that quinine in a small dose and quinine in a large dose are two distinct substances.

4. Finally, I must point out a fatal error and a contradiction in the deductions of Dr. Maclagan. At first, in opposition to my views, he writes:—"It is quite possible that salicin may be converted into salicylic acid in the blood, but it is not impossible that salicylic acid may be converted into salicin, and *more likely than either is it that both are converted into some other third substance.*" Towards the end of his article the following opinion on the same matter escapes him:—"It is possible that they (salicin and salicylic acid) may be eliminated from the system in the same form. *There is some evidence to show that such is the case, and that both are eliminated as salicyluric acid.*" Now salicyluric acid is but a combination of salicylic acid and glycocoll, which, being formed in the liver, combines with salicylic acid, either introduced into, or produced from another substance in, the organism. Therefore, according to the latter opinion of Dr. Maclagan himself, there is some evidence for the view previously contested by him—namely, that salicin is converted into salicylic acid. Since I was the first to acknowledge Dr. Maclagan's merit in the administration of salicin, a drug before him almost ignored, I am glad to point out that in spite of his opposition he is more a convert to my own theory than he believes himself. The only difference is that he is acquainted with only some of the evidence for a truth long ago demonstrated, as I remarked above. When Dr. Maclagan becomes satisfied with the conclusion from his last opinion instead of his first erroneous arguments, our accordance, I venture to hope, will become complete.

[1] See THE LANCET, June 21st, 1879.
[2] Centralbl. f. d. Med. Wiss., 1876, No. 14.
[3] Berliner Klin. Wochenschr., 1877, No. 14.
[4] See also on the use of salicin in my article on "Polyarthritis heumatica" in V. Ziemssen's Pathol., xiii. 2nd edit., 1879, p. 70.

PURPURA HÆMORRHAGICA AND ITS TREATMENT BY ASTRINGENTS AND FARADISATION.

BY J. CAPPIE SHAND, M.B. GLASG.

IN an article contributed to THE LANCET on May 10th by Dr. J. W. Hunt, of London, on the Hæmacytometer, he incidentally mentions three cases of hæmorrhagic purpura, admitted into the hospital under his care, which were treated by the usual remedies, and which, in spite of treatment, went from bad to worse. These purpuric affections are not well understood. Like other diseases, purpura has its severe cases as well as its simple and more curable forms, and I take the liberty of laying before the profession the treatment which I have adopted with marked success in an unusual case which came under my care. The clinical history may be related as follows.

The patient was a girl aged eight years, who had always enjoyed excellent health until she reached the stage which her mother inclined to consider the onset of the disease, two months before the purpura manifested itself. Then she became more particular about her food, and when playing with the other children she was very sensitive to the slightest injury. Both her parents were alive and well, and the only portion of family history tending to point to a hereditary tendency was that a cousin of the father died from bleeding at the gums, which began while he was at business, and proved fatal about the eighth day.

When I was called to my patient on Nov. 16th I found the cutaneous surface studded over with ecchymosed spots, and hæmorrhage was taking place from the nose and mouth in considerable quantity; the tongue was furred, and the bowels constipated. I prescribed the usual remedies; at first I tried dilute nitro-muriatic acid, forty minims; disulphate of quinine, four grains; compound decoction of aloes, half an ounce; syrup of oranges, half an ounce; to two ounces of water: two teaspoonfuls to be given three times a day before food. I also prescribed cod-liver oil. On the 19th, three days after, she was getting worse, and there was hæmorrhage taking place in the right lung, for which I altered the treatment to—the liquid extract of ergot, one drachm and a half; tannic acid, twenty grains; glycerine, half an ounce; syrup of oranges, half an ounce; to two ounces of water: a teaspoonful given every hour whilst the bleeding continued. Camphorated oil was applied over the area of the affected lung, and where the latter was applied there was a corresponding mass of ecchymoses produced, on account of which I afterwards used simple fomentations.

On the evening of the 21st she was having a most severe and frequent bloody discharge by the bowels; bleeding was also taking place from the vagina; she looked bloodless, collapsed, and apparently dying. She refused all medicines. A one-grain morphia suppository was given. It then occurred to me that electricity might be of use in this affection. I immediately set to work and applied the remedy, using the interrupted current, and running over the whole surface of the body by means of sponges. This was repeated every two hours. At midnight no more motions had taken place, but griping had set in. So I injected a piece of soap, which soon relieved her by producing two evacuations; the first consisted of blood, but the second was almost a natural motion.

Next day she was much improved, and the bleeding had

almost entirely ceased. I now prescribed—disulphate of quinine, eight grains; dilute sulphuric acid, fifteen minims; sulphate of iron, twelve grains; syrup of oranges, half an ounce; water to two ounces: a teaspoonful as directed.

She made a speedy recovery, and since then has continued to enjoy good health.

Whether the most common exciting cause of purpura be mal-assimilation or excessive stimulation, it appears to me that the result upon the patient's organism is nervous debility. It may be simply a functional derangement of the nerve-centres, producing mischievous consequences for a time when only partial, while if severe it may be permanent and deadly.

In thinking over this case, and considering the influence of galvanism upon an exhausted state of the nervous system, and believing my patient's capillaries were in an atonic state, while the blood itself had lost the function of being coagulable during an attack of purpura, it occurred to me to endeavour to aid my patient by exalting the tone of the nervous system; since faradisation may be said to facilitate coagulation, and therefore check hæmorrhage; to give tone to the exhausted capillaries through toning the muscular tissue generally; and to encourage the circulation in the capillaries through acting as a general stimulant; and I have found in my practice in such cases that faradisation was an invaluable and reliable remedy.

It is an awkward thing to use electricity in private practice, but I think everyone will agree with me in saying that when an occasional life can be saved by it, it will amply repay the trouble. I may add that I have been in the habit of using a strong battery with few interruptions, employing the upward and downward current indiscriminately; and I have not paid any particular heed to Ziemssen's points of application.

Glasgow.

A CASE OF CYSTIC TUMOUR OF THE PAROVARIUM; REMOVAL BY EXCISION.

BY H. LANGLEY BROWNE,
SURGEON TO THE WEST BROMWICH HOSPITAL.

JANE B——, aged thirty, married eleven years, two children. Increase in size very gradual, and dating from a miscarriage five years ago; more on left than right side; no pain; regular menstruation. Pinched appearance, and usual physical signs of ovarian tumour. Fluctuation very distinct through thin walls. No superficial adhesions; free from pain. Uterus free and normal in size. Girth round umbilicus forty-one inches; after operation twenty-nine inches. On May 1st abdomen was opened antiseptically; both ovaries found healthy. A large cyst, free from adhesions, arising from left broad ligament, tapped and emptied, containing about one gallon of clear fluid. Had a fairly long slender pedicle, which was transfixed and tied with carbolised silk in two portions, and dropped back into abdominal cavity. Wound was closed with silk sutures, dressed with dry carbolised gauze and tow,—without protective—and left untouched for twelve days. It was then closed, healing without suppuration. Acute hysteria, with tenderness and congestion of ovaries, fourth and fifth day after operation. Subacute cystitis, probably from introduction of septic matter on the catheter, thirteenth to eighteenth days, yielding readily to twenty-grain doses of sulphocarbolate of soda. Well and about in twenty-two days.

Cysts attaining a large size developing from the parovarium are rare. "They are not generally pedunculated, but spring from the broad ligament as sessile growths distinct from the ovary."[1] And it is in this that they are of much surgical interest for—avoiding the risk of the clamp or multiple ligature as applied to a thick short pedicle—Miner's operation of enucleation can easily be performed. To quote Schroeder: "Miner starts from the opinion that the vessels are spread out only over the superficial surface of the cyst, and that none but capillary vessels enter the true cyst-wall. For this reason he goes deep down where the pedicle spreads over the cyst-wall, and enucleates the tumour by separating the thin vascular extension of the pedicle from the surface of the cyst, and in this manner performs an almost bloodless operation without risk of subsequent hæmorrhage." In the case above recorded, there being a long slender pedicle, tying was perfectly safe, but it was found that had it been otherwise the true cyst could be easily detached from its outside peritoneal and vascular coverings, which formed about half the thickness of the walls of the tumour. The use of protective does away with the advantages of dry dressing.

West Bromwich.

[1] Ziemssen, vol. x., p. 487.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. MARY'S HOSPITAL.

COLLES' FRACTURE; COMPOUND DISLOCATION OF WRIST-JOINT; TRAUMATIC GANGRENE OF ARM; AMPUTATION AT THE SHOULDER-JOINT; RECOVERY; REMARKS.

(Under the care of Mr. A. T. NORTON.)

FOR the following notes we are indebted to Mr. Kenneth Millican.

A. S——, aged fifty-eight, a charwoman, slipped on the stairs on February 8th; one foot went through the balusters, and she fell on her right side. She was unable to extricate herself, and was picked up and sent to the hospital. A Colles' fracture of the right arm was made out, crepitus being distinctly felt, together with the usual displacement. The styloid process of the ulna had protruded through the skin. The ulna was returned, the arm put up on a pistol splint, and the patient sent away, with instructions to come daily to have the arm attended to.

The woman was seen in the Casualty Department on the three following days, when she was apparently doing well. On the morning of the sixth day (13th), however, the arm was found very greatly swollen, the fingers of a dark-purple colour and almost entirely devoid of sensibility. The wound on the inner side of the wrist, due to protrusion of the ulna, was sloughing; and the surrounding tissues were of a bluish colour. Bullæ were also forming on the back of the hand and arm.

The patient was at once admitted and put to bed, and all dressings removed from the arm, which was then enveloped in a poultice. Temperature 103·4°. She was put upon "simple diet," with milk and beef-tea, and diffusible stimulants were prescribed. Her constitutional condition had apparently improved next morning, but at night the temperature, which had fallen two degrees, rose again to 103°, and on the following day (15th), an erysipelatous blush having set in nearly as high as the elbow, she was removed into the Isolation ward. On the 16th there were large bullæ on the arm; the temperature was high, and a large black slough was visible on the inner side of the wrist. The tongue was dry and furred, but there was no anxiety or mental depression. On the 17th the odour was most offensive. The erysipelas had spread up the arm nearly to the shoulder-joint. Temperature 101°. Urine scanty, dark, acid, clouded with lithates, but without albumen. The mental disturbance was insignificant considering the extent of disease. On the 18th the erysipelas began to subside, but the sloughing increased rapidly. Tongue clean; no rigors nor diarrhœa, no profuse sweating; temperature high and irregular. The arm was kept in a hot water bath. The erysipelas continued to subside, but the sloughing of the forearm progressed, though without any very unfavourable symptoms of mental disturbance, until after the 21st, on the morning of which day the temperature was normal, and the erysipelas had subsided nearly to the elbows.

The constitutional condition was certainly not likely to be better, and, after consulting with his colleagues, Mr. Haynes Walton and Mr. Page, Mr. Norton amputated the limb. There was no distinct line of demarcation, but the sloughing had ceased immediately above the elbow, and inflammatory infiltration terminated at the upper third of the humerus. A straight incision, two inches long, was made from the

acromion process down the front of the arm, joined at right angles below by a deep external and a superficial internal incision, meeting at the posterior fold of the axilla. The outer flap thus formed was then dissected up, the head of the humerus disarticulated, and the inner flap was finally completely severed. Drainage-tubes were inserted. The whole operation was done under carbolic-acid spray, the patient being under chloroform. The temperature was 99·4° F. at night.

On the 22nd and 23rd the temperature did not rise above 100° F. On the latter day the wound was dressed antiseptically, and looked remarkably well. There was very slight discharge. The next day the temperature was down to 99° F.; pulse 108, of fair force, regular; tongue clean and moist; no nausea, headache, or rigors. On the 29th the discharge began to be somewhat offensive, and it was found necessary to dress the wound daily. The first suture was then removed. The flaps were quite healthy. The general condition also was excellent, the temperature never rising above 100°. The remaining stitches were removed on Jan. 2nd.

From the 31st of December the wound had been dressed every second day, the discharge from the lower or posterior extremity of the wound, which at times was very offensive, necessitating this.

On Jan. 4th the temperature rose to 101° F., followed by a further rise the next night to 102° F. A bag of pus had collected at the dependent extremity of the wound. On the 7th the antiseptic spray was discontinued, and the wound simply syringed out, and dressed with carbolic lotion. A firm pad was strapped over the sac at the posterior extremity of the wound.

The wound was now dressed twice a day. From this date the discharge became less in quantity and less offensive, the flaps were healthy, the cavity at the extremity granulating up well. The constitutional condition was good. On the 17th patient got up for the first time. She continued to improve, and on Feb. 6th was discharged. The wound was nearly healed, and the cavity was almost filled up. The woman had instructions to dress the wound herself occasionally with a lotion of chlorate of soda, and to report herself from time to time at the hospital.

Remarks.—Mr. Norton said he had no difficulty in this case in determining the time at which amputation should be performed. As a rule it was advisable in traumatic gangrene to amputate as soon as gangrene set in, but here the erysipelas, which had extended far up the upper arm when the case came first under his observation, would doubtless have brought about a fatal termination had the operation been performed at that time. He preferred to wait and by proper treatment and disinfecting to endeavour to limit the spread of the disease. His expectations were realised, and the erysipelas subsided, leaving the gangrane, however, still in progress. It was true no line of demarcation had formed at the time of the operation, but then it was sufficiently evident that amputation would have to be performed; and whilst on the one hand the health of the patient was excellent, considering the state of the disease, the mass of gangrene could not but prove deleterious, and he feared that blood-poisoning might take place if the operation were further delayed. He considered the tissues around the shoulder-joint in a healthy condition. He was always anxious when possible to save even two or three inches of the humerus for the purpose of applying an artificial limb, and, possibly, it might have been done even in this case, but there was always more danger of absorption when a bone was cut through than when amputation was performed at a joint. The tissues were still diseased some five inches below the shoulder-joint, and to operate in that region would have both endangered the flaps, and, considering the state of the limb, more than probably given rise to osteomyelitis; therefore he felt compelled to remove the limb at the shoulder-joint.

YORK COUNTY HOSPITAL.

POPLITEAL ANEURISM CURED BY APPLICATION OF ESMARCH'S ELASTIC BANDAGE AND DIGITAL COMPRESSION.

(Under the care of Mr. HEWETSON.)

IT will be noticed in the following case, for the notes of which we are indebted to Mr. F. H. Weekes, house-surgeon, that the application of the elastic bandage for eighty minutes effected a great change in the character of the aneurism, although consolidation was scarcely sufficient to justify a discontinuance of treatment. A few hours of digital compression completed the cure. Such a result by such simple means (rendered painless through chloroform) is highly satisfactory and gratifying, whether it be considered from the standpoint of modern practice or from that of a hundred years ago, when the cure of aneurism was almost hopeless.

R. M——, a healthy-looking man, aged twenty-six, formerly in the navy, was admitted on May 22nd, with an aneurism of the left popliteal artery, first noticed two months before. There was no history of injury, but a well-marked one of syphilis existed. The left knee measured in circumference an inch and a quarter larger round than the right, and there was, moreover, slight œdema, with considerable pain in the affected leg. The heart and the other arteries were, as far as could be ascertained, healthy.

May 26th.—At 9.20 A.M. the affected limb was lightly covered with a flannel roller, and Esmarch's elastic bandage was applied firmly from the toes to about the head of the fibula. The patient then stood up, and the bandage was put on from about three inches above the patella up to the groin, at which spot the elastic ligature was applied, so as completely to stop all pulsation in the aneurism below. By these means an interval of seven inches opposite the aneurism at the knee was left unbandaged.—At 9.30 there was great pain in leg, and half a grain of morphia was given subcutaneously; ten minutes later the pain became intolerable, so that the patient was placed under the influence of chloroform, and kept so until the bandages were removed at 10.30 (eighty minutes after application), when the femoral artery was compressed in the groin. The sac now seemed to be more solid than before, but when the femoral artery was allowed to beat once, a distinct, although feeble, wave could be felt in the aneurism. Digital compression in the groin was, therefore, begun, and kept up energetically by Messrs. Rowe, Shawn, Spencer, and others.—At 4.30 P.M., after six hours of digital pressure, the aneurism was examined, and when the femoral artery was allowed to beat, the sac was found to be quite firm, and free from all pulsation. For the sake of safety, however, compression in the groin was continued until 10 P.M., when it was finally stopped.

The limb was wrapped in cotton-wool, elevated, and a quarter of a grain of morphia was given. He had a good night's rest, and next day the limb was warm and the sac hard; behind the latter a small anastomosing artery could be felt, and another a little to the inner side of the patella. The heart-sounds were normal.

On June 8th the sac was both harder and smaller. The patient got up from bed nine days later. He was able to walk with ease, complaining only of slight numbness in the leg. Neither the posterior nor the anterior tibial artery could be felt to beat. He left the hospital on the 18th.

GRIMSBY AND DISTRICT HOSPITAL.

COMPOUND FRACTURE OF SKULL; CONCUSSION OF BRAIN; RECOVERY.

(Under the care of Mr. R. BROCKLESBY.)

FOR the following notes we are indebted to Theophilus Bacon, M.D., C.M., house-surgeon.

W. S——, aged twenty-one, fisherman, was admitted at 1.30 A.M. on Feb. 27th, 1879, suffering from a severe compound fracture of the vault of the skull and concussion of brain, the injury having been received on the 25th at sea by a blow from a winch-handle.

On admission he was insensible, the pulse small, breathing quiet, body fairly warm; the pupils responded slowly to light, and the limbs retracted on stimulus. On examination there were found two parallel wounds of the scalp, each about an inch and a half long, running obliquely downwards and forwards from the vertex to the frontal bone. These wounds were filled with clotted blood, and both eyes were considerably ecchymosed. A finger passed into the wounds found an undepressed fracture extending from the vertex running downwards and forwards to the frontal bone, where it bifurcated, the two limbs of the inverted V going to each superciliary ridge.

During the examination the patient moved his arms across his chest. On being interrogated rather loudly, he answered in a very incoherent manner. Directly afterwards he spat up a quantity of dark semifluid blood.

On being put to bed in the darkened ward, hot-water

bottles were applied to his feet and the ice-cap to his head. Mr. Brocklesby saw him a few hours afterwards, and prescribed a full dose of white mixture at once, and a mixture containing solution of acetate of ammonia and spirits of nitrous ether and of chloroform every four hours. As the patient was very plethoric, wet cupping to the nape of the neck was applied, and an ounce and a half of blood was drawn. When the man attempted to swallow the liquid was spurted out again, and at intervals for a period of two or three days he spat up a quantity of dark half-clotted blood.

The temperature on the evening of admission was 99·6°. Next morning it was 103·2°; evening, 99°.

On March 1st the temperature in the morning was 98·2°, and in the evening 97·4°; the patient was a little more conscious, spat up blood, and his bowels were slightly moved.

March 2nd.—Temperature in the morning, 97·6°; evening, 98·6°. He swallowed with difficulty, and was restless. Later in the day he sang.

3rd.—Morning temperature 98·2°; evening, 99·3°. Bowels moved unconsciously. Was very violent, and had to be continually watched.

Next day he was so violent that his arms had to be fastened to the bed, as he endeavoured to reopen the wounds. Would not allow his temperature to be taken. The swelling had subsided in the left eye, but had increased in the right. Bowels moved unconsciously; urine normal.

On the 5th the wounds in the head were suppurating; a charcoal poultice was applied. Patient still very violent, swearing at everybody, and using abominable language.

9th.—Temperature: morning, 99·2°; evening, 101°. The swelling in the left eye had completely disappeared; that of the right eye was increased, so that he could not open the lids. As there was a feeling of fluctuation, an incision along the line of the eyelashes was made, and a large quantity of pus flowed out. The upper wound of the scalp was gaping; at the bottom the dura mater was seen, the edges of the fracture being about one-sixth of an inch wide.

Next day pus discharged abundantly from the incision made in the eyelid. The eye washed out with tepid milk-and-water. The lower wound of scalp was nearly healed up. Bowels well opened. Patient was quite conscious; appetite good; complained of hunger, but only allowed light diet.

11th.—Temperature: morning, 99·8°; evening, 100·2°. On raising the right eyelid a large ulcer on the cornea was seen, which was touched with a solution of nitrate of silver. A sore having formed on the occiput, it was dressed with simple ointment, and a water-pillow was ordered for the head.

From this date the man steadily improved, and became quite rational. The swelling in the eyelid gradually subsided, but on opening the lids, in addition to the corneal ulcer, there was found a well-marked symblepharon at the inner canthus.

On the 29th the patient was moved into the Yarborough ward. Was able to sit up in bed. Both wounds in the scalp were healed up. A little pus still discharged from the eyelid. In a few days he was able to go into the garden, and was discharged cured on April 14th.

Medical Societies.

OBSTETRICAL SOCIETY OF LONDON.

THE USE OF THE FORCEPS.

(Concluded from page 51.)

DR. CLEVELAND.—Sir, before the commencement of this debate, I should have thought, in common with other Fellows of the Society who have taken part in or listened to the discussions that have not unfrequently taken place here on the principles that should guide us in the use of the forceps, that it would have been scarcely necessary for us to have devoted three evenings to this subject; but I confess, after having heard so many differences of opinion, I have come to the conclusion that that idea was not well founded. I further think that Dr. Barnes has shown great judgment in drawing up with the care he has exhibited these general propositions; and I think that the last proposition, the one that has been read by Dr. Hicks, with the corollary attached to it, has not been sufficiently noticed by the speakers that have preceded me. He says that "in proportion as the head is arrested high in the pelvis, in the brim or above the brim, the necessity, the utility, and the safety of the forceps become less frequent"; and then there is the corollary, that "increasing caution in determining on the use of the forceps, and greater skill in carrying out the operation, are called for." If this means anything, it means that the operation is not to be lightly undertaken, that it is one that ought to be well considered, and only to be done by persons who are thoroughly skilled in the use of the instrument. I think the case is somewhat like that of a patient who has stone in the bladder. In such a case, the best thing is to have the stone removed, either by lithotomy or lithotrity; but it would not be the best thing possible if the operation were not done by a skilful person; the patient might live a considerable time with the stone in the bladder, and be better off than if he had the operation performed. Now I would say that if some of us who had settled convictions at the commencement of the debate upon certain practical points, such, for instance, as the use of the forceps and compression, have had those convictions somewhat disturbed by what we have heard from different authorities, men of great reputation, still, I believe that on the whole we shall be pretty well agreed that in a case where the head is well in the pelvis, where there is what is understood by a lingering labour, where the patient is carefully watched and appears to be kept up by suitable nourishment, if in such a case you come to a thorough stoppage, no progress being made, and you are satisfied that the uterus has done its best, I think there can be no doubt that the use of the forceps is better than any of its alternatives. But between such a case as that and the contested point where the os is not well dilated, and where arrest is above the brim, there appears to me to be a large class of cases in which great service is done by the use of the forceps. And here let me say that we have not discriminated sufficiently between the long and the short forceps. There are cases in which the long forceps will reach the child and where the short forceps will not be of any avail. Sometimes, indeed, I have to ask myself the question whether we should not be better off if there were no short forceps at all. I have myself seen people waiting and waiting until the head comes within reach of the short forceps, and a great deal of time has been lost, and a great deal of danger incurred by the patient. For many years I have not used the short forceps, and I have never found a case in which the long forceps would not answer both purposes. With regard to the contested point, I may say that I think it is very rare indeed that an operation is required for purely lingering labour, but I do not believe for a moment that in skilful hands any mischief is likely to accrue to the patient by the use of the instrument if it is necessary to employ it.

DR. DALY.—I will only occupy two or three minutes in replying to some of the figures of Dr. Roper. I have not had 10,000 cases, but in 1700 cases that have come under my private care I have used the forceps with what some people would call extreme frequency. During a practice of fifteen years I have used the forceps in 10 per cent. of my cases, and the result of my practice has been that I have only lost two forceps cases. One was a case in which I put on the forceps for hæmorrhage, and in the other case I am sure the forceps had nothing at all to do with the death. I think it is well for the Society to know that men may use the forceps with even much greater frequency than I have done. I have been looking over the statistics of some medical men connected with this Society. A gentleman recently showed me his list of 260 deliveries. He had used the forceps in exactly 40 cases without a single maternal death and without a single still-birth. Now if the forceps were on its trial to-night, as Dr. Roper would suppose, I do not think we should have such statistics as those. From what one has heard from the different speakers who have addressed the meeting, one really would think that Dr. Barnes's book had never been written, and that we had not your book, Sir, on midwifery before us. The great value of the forceps is that they save the woman an enormous amount of suffering. I have not heard that point stated by any speaker, although I am aware you have mentioned it in a paper read to this Society. The woman goes on for hours

(I am now speaking altogether of the low operation) with the head of the childing resting on the perineum, and if we simply put on the forceps we relieve the woman with perfect safety from hours of suffering. I may be told that there is a risk of laceration of the perineum. According to my experience, if you give chloroform you obviate that risk. It is my rule to give a dose of ergot immediately before, and to put on the forceps if the ergot does not act. I have scarcely ever had a case of still-birth at the full time. With regard to the high operation, I have used the forceps, before the os has been fully dilated, thirty times with only one fatal result, and that was a case of hæmorrhage. The conclusion I should draw from my experience is that when the head is below the brim of the pelvis there need be no limit to the frequency with which we may apply the forceps, so as to save the suffering woman from unnecessary anguish, without increasing in any degree the risk to mother or child, and that it is no more unscientific to wait for days while a mammary abscess bursts of itself than it is to wait many days while the head passes, when we can deliver the child at once by means of the forceps.

Dr. GRAILY HEWITT.—The subject of the application of the forceps is one that has interested me very much, especially in the early part of my career, which coincides with the formation of the Society. I am happy to see that the Society is in a flourishing state. No better proof can be given of the utility of the Society than the opportunity it has afforded from time to time of discussing such subjects as the present one. I may recall to the Society that one of the first papers read before it was by the late Dr. Tyler Smith, a paper in which he spoke of the abolition of craniotomy from obstetric practice. [Dr. Hicks: When the child was alive.] The paper in question attracted great attention at the time, and Dr. Tyler Smith was much laughed at in certain quarters for bringing such a sentence before the Society at all, but I think that a great deal that we have heard in the progress of the discussion must tend to show that a practice which was then prophesied and inculcated has almost come about. We have heard gentlemen who have come before us and given us the results of their practice, and it has been shown that the number of cases of craniotomy has become almost infinitesimal. With reference to my own experience in the matter, I may say that I went so far as to invent a new pair of forceps, which I brought before the Society three years after its formation, only unfortunately, or fortunately, as it may be considered, I discovered that my forceps had also been discovered by Dr. Beattie of Dublin, and Dr. Pagan of Glasgow. The forceps were quite identical. Their peculiarity was simply this, that the blades were considerably longer than those ordinarily employed, in that respect resembling very much those which of late years have been favourites in the hands of obstetrical practitioners—namely, Dr. Barnes's forceps. I do not propose to go into this subject at any length. I will only say a word or two respecting some of the questions raised by Dr. Barnes in his paper. One of these points is this—Does lingering labour occur so as to entail danger to the mother and child during the first stage of labour? With Dr. Hicks I should unquestionably answer that in the affirmative. My friend Dr. Roper, in his speech, seemed to indicate that we were discussing cases of natural labour, but, in fact, that begs the whole question. We do not know when we have to deal with a case whether it is going to be a case of natural or unnatural labour. If the head is detained at the brim, we have to ascertain what is the cause. It may turn out that it is a slight arrest, which will occasion no particular difficulty; or, on the other hand, it may turn out to be a case of extreme difficulty. We cannot at the moment say what is to be the issue. That constitutes the great part of the difficulty of practitioners in dealing with these cases. It might be a case in which the head and the pelvis were very disproportionate indeed, and that would only be found out by a very careful examination. In a case where there was great disproportion unquestionably harm would result; the membranes would be ruptured, and the patient would drift into the condition which has been so vividly described by Dr. Hicks and Dr. Roper. The second question is, Is the application of the forceps ever necessary or useful before the full dilatation of the cervix uteri? It has been my custom, in teaching the subject of midwifery, to lay a great deal of stress upon the definition of the termination of the first stage of labour. I think it is very important in reference to the answer to this question. What is the definition of the termination of the first stage of labour? It has generally been held to be the full dilatation of the os uteri, but it is evident to all who have considered the matter carefully, that the full dilatation of the os uteri may not occur, and yet the patient may have arrived at the end of the first stage of labour—that is to say, in cases where the membranes have been ruptured. If the head stays at the brim there is nothing to dilate it; yet, if it be examined, it may be found that the os uteri is in an exceedingly dilatable condition—a condition which does not offer any obstacle to the passage of the head through it. The obstacle is produced by the difficulty at the brim itself. The osseous difficulty is the principal thing, not the condition of the os uteri itself. It is necessary to consider this point if we make any definition as to what is to constitute termination of the first stage of labour. I quite agree with what has been said by several speakers in this debate as to the safety of women before the membranes are ruptured. In a case where the membranes have not been ruptured I think, with very few reservations, the first stage might be allowed to go on a considerable length of time; but it is of course very different when the membranes are ruptured. We cannot, under such circumstances, I hold, consider the size of the os uteri simply. We must have regard to the condition of the tissues and the os uteri in deciding as to whether anything is necessary to be done or not. The logical conclusion from that statement is that in certain cases of this kind the use of the forceps is necessary. No doubt the number of cases in which the use of the forceps is necessary with the head above the brim is very few indeed. Still, such cases do occur. I could mention a case very much like that of Dr. Hicks, which occurred to me some years ago, where the os uteri resisted very much, but in which I inserted the forceps and gradually drew the head through it with a perfectly successful result. It took a great deal of time to accomplish. In fact, I endeavoured to imitate nature. Still I did assist the head through the os uteri, supplementing the uterine pains. I conceive that cases do occur in which this is really necessary. With reference to the broad question as to the use of the forceps, I think that is a matter that is really more interesting to the members of this Society at large than the simple applicability of the forceps in the high operation. Confessedly these cases are rare and unusual, but the other class of cases is very numerous indeed, and we have to consider what is the law that should be laid down in reference to the general application of the forceps. Is it a good thing that the forceps should be largely employed, or is it proper that their use should be greatly restricted? I must say I sympathise very much with those who contend that the forceps should be very largely employed, and I think that there are abundant reasons for arriving at the conclusion. There is no stronger reason to be given in favour of that view than this: it is confessedly necessary that gentlemen who engage in the practice of midwifery should be competent to undertake severe operations. How, I ask, are they to become capable of performing a confessedly difficult operation—namely, the high operation—with the forceps, unless they are perfectly familiar with and accustomed to the low operation? It seems to me that the dexterity they acquire, or should acquire, in the performance of the simpler operation will invariably lead them to sufficient acquaintance with the subject to deal with the difficult and dangerous cases that will now and then necessarily come before them. I therefore sympathise very much with the view of the matter that gentlemen should be encouraged to use the forceps much more frequently than has been the custom. My friend, Dr. Savage, at the last meeting of the Society, while he interested us very much by a great many of his remarks, indulged in a style of banter, and seemed to deal with the whole subject of the application of instruments in the practice of midwifery as one that could hardly be sympathised with. I suppose we must take it for what it is worth. It comes from Dr. Savage, and we are always very much amused and interested in hearing what he has to say. I make these observations with the more readiness because I do think there was a great deal in what Dr. Savage said in reference to the necessity for giving nature and other remedies their proper play in dealing with obstetric and midwifery cases—the use of baths, the use of a little time, and various other remedies and methods of assistance. The extraction of a child is undoubtedly to be looked upon as a mechanical thing. I think, also, there is something to be said with reference to the method of applying the forceps. It does not follow that because we have applied the forceps

the delivery should be made to occur instantly. I think that the opposite policy is responsible for a great deal of the contumely with which the application of the forceps has been visited at the hands of certain critics. I have certainly seen cases where great harm has been done by the instantaneous delivery of the child in cases where the forceps has been applied. It must be recollected that the forceps is intended simply to supplement the efforts of nature—to assist them; and we are not therefore to extract instantly, the very moment the forceps is applied to the head of the child. Under certain circumstances it is conceivable that a great deal of mischief might be done.

Dr. SWAYNE.—At this stage of the discussion I will endeavour to make my remarks as brief as possible, and express no opinion not founded on facts under my own observation. Before the publication of Dr. Johnston's report as to the use of the forceps in the first stage of labour, I had often applied the forceps in the first stage when the os was not fully dilated, but never when it was less than three inches in diameter. Since Dr. Johnston's report I have used it six times in cases where it has been less than three inches in diameter, where the diameter varied from the size of a crown-piece (which is not more than one inch and six-tenths) to three inches. Five of these cases were primiparæ and one of them was a multipara. The result was favourable to all the mothers and children with the exception of one child, which was still-born, and which had the skin peeled off, showing that it had been dead for several hours; therefore the forceps could not have been responsible for the death. In all these cases the membranes had been ruptured for some hours, and the os was not fully dilated, but it felt soft and dilatable. The labour appeared to be slow, not so much from the rigid os uteri as from the arrest of the head. This was very marked in one case—that of the multipara. I had attended her in two labours which were easy, because the children were small and females, but the third labour was a difficult one. The membranes had been ruptured four hours, and the os uteri remained about three inches in diameter. The child was arrested at the brim of the pelvis, from want of proportion between the head and the pelvis. As Dr. Hewitt has truly remarked, the labour may be said to have been in the second stage. The first stage was over—the uterus had expended its power in dilating the os, but the head did not descend. It was then expending its power in forcing down the head. I was convinced that the bad symptoms resulting from a prolonged second stage would have arisen if the labour had been allowed to go on in any of these cases. I felt grateful to Dr. Johnston for having pointed out that the forceps may be used with safety where the os is not nearly so much dilated as I thought before would be necessary—in fact, where it is not half dilated. With regard to the second subject, as to turning, and as to the alternative use of the long forceps, I do not think I can do better than refer to a case in which I induced premature labour about a month ago. In this woman I induced premature labour for the eighth time. Before she came under my care she had had craniotomy performed twice at the full time by another practitioner, and therefore I recommended the induction of premature labour. I had induced it in three labours at the seventh month, and the children were born without difficulty, but they did not survive their birth more than twenty-four hours; therefore in the next five labours I thought it better to induce the labour at the eighth month so as to give a chance of turning, and I had every reason to feel satisfied with the result, for I saved four children out of five labours. There was no particular difficulty in turning, except in the first case and in the last. In the first case, I could not get the head through in time, and the child died; the head stuck in the brim of the pelvis. In the last case, the child seemed to be larger than usual, and I expected the same difficulty as in the first case, but by means of a very strong pull, making firm pressure on the hypogastric region, the head came through with a jerk. The child was at first still-born, but was easily resuscitated. I have here a cast of a head which will show the effect produced upon the child. The head is rather a large one for a child of eight months.

The PRESIDENT.—I may remind Dr. Swayne that the discussion is limited to the use of the forceps in lingering labour, and it hardly applies to cases of contracted brim or turning. Turning hardly comes under the head of our discussion.

Dr. SWAYNE.—Then I will bring my remarks to a close. I was going to say that I think, in cases of this kind, turning is preferable to the use of the forceps. My own experience leads me to three conclusions. First, that the use of the forceps is proper and safe before the os is fully dilated when there is any arrest which prevents it descending upon the os uteri, but in my own opinion the use of the forceps is improper where the delay arises simply from rigidity and not from arrest of the head. Secondly, where the head is arrested at the brim of the pelvis, and the pelvis is normal and not irregular in shape, as a general rule the use of the forceps is preferable to turning. Thirdly, where the pelvis is irregular, and the head very high above the pelvis, turning is preferable to the forceps.

The PRESIDENT.—I should not like this discussion to close without saying a single word with regard to the subject under consideration. It is certainly not my intention at this late period of the meeting, and after having heard so many observations, to enter at any length into the subject before us in the way of argument. I have frequently on other occasions had an opportunity of expressing my opinions on the subject to this Society, and I have also in my published work on midwifery, for the first time, I believe, in any systematic treatise on the subject published in this country, advocated a much more frequent use of the forceps in delivery than had been previously recommended. I believe that, partly from the one fact and partly from the other, I have the reputation of recommending instrumental interference with a frequency which many of my obstetrical friends believe to be both unnecessary and injurious. Now, in reference to this point, I may remark that whenever I have spoken or written on this subject I have taken the greatest possible pains—I am afraid not always successfully—to point out that that recommendation is strictly limited to one particular class of cases—that is, the cases in which the head is arrested low down in the cavity of the pelvis or on the perineum, and in which only a slight *vis à tergo* is required to effect delivery. I have always endeavoured to point out that the arrest of the head high in the pelvis is a very serious operation, and one not to be lightly undertaken. As regards the alternatives for this practice, and especially the alternative which is most usually resorted to—that is, the administration of ergot,—I think there is hardly any fact in medicine which is more certainly proved than the immeasurable superiority of the forceps in effecting delivery in retarded labour. No better illustration of that can be given than the observations which fell from one of the speakers at our first meeting, Mr. Alderson,—and all the more so since it seemed that Mr. Alderson did not quite appreciate the deductions to be drawn from those statements. He told us that when he commenced practice he never used the forceps at all, or hardly ever, but that he used ergot very frequently. The result was, as he went on he discarded the use of ergot and used the forceps very largely. Then he told us that, curiously enough, in the first years of his practice he used to have an enormous number of still-births, and in later years he never had any still-births at all. Of course the obvious deduction from that was, that he ergotised his patients when he commenced practice and produced these still-births, which he saved by delivering with the forceps in the latter years of his practice. So much for the use of the forceps as regards the child. As regards the mother, Dr. Daly has properly pointed out, and I have always insisted upon, the enormous gain to the mother of saving her many hours of horrible suffering and anguish which it is distinctly the province of the physician to save her if he can. And, above all, there is the increased safety and rapidity of convalescence and the more satisfactory convalescence following a short delivery, which I believe is a strong argument for the more early application of the forceps in simply retarded labour than has been customary. To use a homely simile, I would say that these cases are like that of a man who has in charge a horse dragging a cart up a hill. If we are in charge of such an operation we have, as a distinguished politician would say, three courses open to us. We may either leave the wearied animal to draw his burden up the hill in the best way he can, and possibly he may arrive there or he may not; or we may spur and urge him on to increased effort, possibly with success, but more likely there will be a break-down; or we can adopt the other expedient of tacking on another horse, giving a little extra assistance. That seems to be exactly what we do when we apply forceps in cases of this kind. If I might make a criticism upon this debate, it would be to the effect that a great deal too much has been said about the applica-

tion of the forceps before the complete dilatation of the os uteri. In talking to me the other day on this debate, having read it in the journals, a distinguished metropolitan surgeon said he was horrified to find that so obviously dangerous a practice was so customary amongst obstetricians. Now I am not surprised at that misconception on his part, because we have been talking during these three nights to an extraordinary extent on this subject. Probably the novelty of the subject and the apparent boldness of it have given undue prominence to it in our debates; but I am satisfied that, as a matter of fact, obstetricians are not in the habit of using the forceps with an undilated os uteri to anything like the extent to which an outsider might suppose from listening to our debates. If my own experience is any guide, I should say that the cases in which it is necessary, or even contemplated, are of very great rarity. Another criticism that I might make is, that I do not think sufficient importance has been paid to the application of pressure as an alternative in cases of lingering labour—systematic pressure applied to the uterus. I am afraid my friend, Dr. Roper, has not given it the fair trial which I am certain it deserves, because I believe there are few improvements in modern midwifery of really greater value than the systematic use of uterine pressure, or expression of the fœtus, as it is sometimes called in Germany. It requires a little custom and habit to know in what class of cases it is applicable, and how to apply it; but, having gained that experience, I am quite satisfied that the very greatest possible advantages may be derived from it. I have over and over again succeeded by expression, not in delivering the fœtus entirely—although I believe that even that is possible, and I have related cases of that kind in a paper on the subject,—but in pressing down the head from the brim on to the lower part of the pelvis, and thus converting what might have been a very difficult high forceps case into a perfectly simple low forceps operation. The subject would require a great deal of time to discuss with anything like the detail which its importance merits; therefore, I do not say any more about it at present. It now only remains for me to fulfil a very pleasant duty, which I am sure I shall have the authority of the members of the Society for performing—that of offering to the gentlemen who have taken part in these discussions, especially to those gentlemen who have done us the honour of coming from Ireland and Scotland and distant parts of the country, our cordial thanks for their kindness in favouring us with their experience on this subject.

Dr. BARNES. — Allow me to say, in the first place, that I think the interesting discussion we have had, and the eminent men who have spoken, testify to the importance of the subject, and are a complete answer to any doubt that may have been felt as to the utility of a discussion on the forceps. Then I may urge as another reason that we have had a complete picture of what may be called the modern practice of midwifery with the use of the forceps, in contrast to the picture presented by a gentleman who went to sleep twenty years ago when they did not use the forceps, and who has come here and delivered a Rip van Winkle sort of speech, telling us that we are all wrong, expecting, as it seems, that the world has been standing still while he has been asleep. Now I should like to say a word or two about the definition of the high operation, which appears not to be thoroughly comprehended. The terms "high" and "low" operation have been introduced by Dr. M'Clintock, but I should prefer to make a division into three operations. First, there is what may be called the low operation, performed entirely in the second stage of labour when the head is in the pelvis: that I should prefer to call the intra-pelvic application of the forceps. Then there is another class of cases a little higher up, where the head of the child is in the brim: that I should call the brim operation, as distinct from the low operation and also from the high operation, where the head is above the pelvic brim, which may be called the supra-pelvic operation. As to the state of the os uteri in the advance of labour, as fitting it for the operation, we will discuss that by and by, when we come to speak of the dilatation of the os uteri in an imperfectly dilated uterus. The numerous cases that occur of arrest of the head in the pelvic cavity I will not dwell upon now. There is a general consensus of opinion and practice as to the propriety of not letting the head lie in the pelvis very long. At the same time, I should say that the practice mentioned by Dr. Daly and some others, of putting on the forceps as soon as the head is within reach, or nearly so, is not good practice. So long as the uterus is acting fairly without spasmodic action, the head advancing slowly and the parts relaxing, and you know that the patient will be delivered in a few hours without any great tax upon her powers, and so long as there is a quiet, regular pulse, I say it is not judicious to use the forceps. I say it deliberately, although I can well understand that where a man is in a hurry to get away, and he thinks the patient is suffering because, perhaps, he suffers himself, he will put on the forceps too soon. I quite sympathise with what Dr. Hewitt has said, that it is allowable to put on the forceps sometimes in cases where they are not absolutely necessary, with a view to acquire the skill requisite to enable the practitioner to undertake more severe operations. I see no great harm in that, but I should like to say a word or two on what may be called the ethical side of the question. I should generally concur in what Dr. Thorburn said, that we are not to put on the forceps for our own convenience, but solely under circumstances in which the instrument is required by the patient. But there is another aspect of the question. We must bear in mind that the country practitioner has the charge not of one patient only, but of a number of others who have no resource but in him. Now, if he spends a great deal of time over a multipara, with the child's head in the pelvis, knowing that he can apply the forceps and deliver in a few minutes with perfect safety, and perhaps advantage, and knowing that he has an urgent case a little further off requiring instant attendance, I say he is justified in doing it. That is not regarding simply his own convenience, but the interests of his patients. We are not to look at a country practitioner in the same light as we should regard a practitioner in town where we could put another person in charge and go on to the more urgent case. So that the principle I have mentioned must be taken with some qualification and reserve. There are cases in which intervention is necessary. I am speaking now chiefly of intra-pelvic cases where the child is delayed in the pelvis, and where expectancy is exhausted. As to the employment of the ergot, I should like to dismiss that at once as an alternative to the forceps. I should indeed like to extend what I am going to say to the entire application of ergot, whether in intra-pelvic, brim, or supra-pelvic cases, although the impropriety of using ergot increases enormously as we ascend towards the higher cases. I can hardly refer to the evidence of Dr. M'Clintock, Dr. Bassett, and others who approve of ergot, without considerable diffidence. On the other hand, we know that Dr. M'Clintock does not rely so much upon the forceps as I do and as many others do, that he has not acquired that confidence in the instrument that we have. He trusts to ergot, and I think he trusts to it too long. I was glad to hear several speakers object to it, and that our president as a rule does not approve of it. There is now a considerable amount of evidence showing that ergot is not to be trusted. As to Dr. Edis's argument that ergot should not be given when the patient is beginning to flag, that is the time when ergot is more dangerous; that is the time when the woman is exhausted and wants help, and ergot does not help her, but the forceps will. That applies strongly to the arrest of the head in the brim or above the brim; it is just then that we cannot tell what difficulties may arise in the further progress of the head, and if you give ergot you may do mischief by rupturing the uterus or increasing exhaustion and pressure on the soft parts. Although we may be justified in giving ergot when the head is nearly on the point of being born, we are not justified in giving it in any of the higher cases. I say this the more especially because there is nothing that ergot will do in these cases that cannot be done more safely and effectively by the forceps. In these cases we may as well give up ergot, and trust to the forceps. I say nothing as to the use of ergot in arresting hæmorrhage, because that is beyond the present question; nor will I dwell upon the question whether it injures the child or not. The President has quoted the evidence of Mr. Alderson. I believe there is a great deal of evidence to show that ergot is attended by larger fœtal mortality than the forceps in cases where one might be used instead of the other. With regard to the alternative of expression or squeezing out, I was rather glad to hear the emphatic protest against it from Dr. Atthill, and also from Dr. Roper, who equally condemned it. I do not gather from the President's observations that he entirely approves of it as an alternative *per se*, as the sole means of effecting delivery, but he recommends it rather to assist the forceps or other means. I was house-surgeon to a lying-in hospital

nearly forty years ago, under the late Dr. Bloxman, and I remember having impressed upon me the importance of expression or squeezing out or down in all stages of labour. I always understood that he recommended it on the authority of the Dublin school. His practice was to follow the child down even in natural labour, and *à fortiori* in every case where the forceps was put on, where craniotomy was resorted to, and where turning was effected. I have always adopted that plan with advantage. It reduces to a minimum the necessary *vis à fronte* traction, and in that way equalises the pressure, shortens the labour, and diminishes the danger. The same practice was adopted in my time at the Queen Adelaide Hospital with regard to the placenta as soon as the child was born, waiting perhaps two or three minutes in order that the patient might get a little recovery of strength. Nothing has astonished me more of late years than to see this plan raised into the position of an invention, with the name of a German professor attached to it. It is necessary to say a word or two upon the statement that it is especially in the second stage of labour that the free use of the forceps as a means of accelerating labour that would otherwise terminate naturally may be justifiable, but we must be careful not to apply this practice to the first stage of labour. We have heard the subject discussed in reference to the first question, "Does lingering labour occur during the first stage of labour?" Dr. Hicks answers emphatically "yes," and Dr. Hewitt says "yes"; I have not the smallest doubt of it. As to the statistics and arguments derived from the Rotunda Hospital in the time of Dr. Collins, or those which Dr. Roper adduces, let me ask what is the history of a number of cases of rupture of the uterus in the first stage? I am talking of cases where there is no disproportion, no contraction of the pelvis, no undue size of the child, and in some instances no malposition of the child: the uterus may be distended with fluid, and mischief may arise at that time; but it is far more likely to arise when the liquor amnii has gone off, and when we are getting a little perversion of the natural order of labour in the first stage, and when irregular forms of contraction and trismus are apt to come on. Then you get arrest of labour because the uterus cannot act in its natural way; it compresses the child; it does not drive it on. If these cases are not treated properly great mischief arises; the patient may recover from the labour, but she has afterwards a bad convalescence (perhaps she goes into septicæmia or fever), and she is in danger, and the child is in danger. I will say a word or two as to how to meet those cases. Expectancy is bad if trusted to alone. Expectancy is only letting the uterus drift further and further into this disturbed and difficult action. If you give opium you can give some relief, chloral still more, chloroform still more; but there is a remedy beyond all these, and that is nitrite of amyl. There is nothing that allays uterine or other muscular spasms so well as that; in two or three minutes you may subdue the trismus, relax the uterus, get on the forceps, and deliver the patient. Now, when we are talking about the free use of the forceps, we must bear in mind that almost all the evidence we have heard applies to the low operation, the intra-pelvic operation, except in the case of Dr. Johnston, Dr. Hicks, and a few others who have had more extended experience. We have heard a Scotch professor telling us of the keynote being struck in Scotland, but we must remember that obstetric experience is a matter of population, and the whole population of Scotland is not equal to that of London. It is not to the land of the mountain and flood that we are to look for opportunities of acquiring experience in midwifery of this difficult kind; it must be in the great centres of population, London, Manchester, Liverpool, Birmingham, Dublin; and it is in those towns that the longer forceps have come into use. If we want to practise the high operation we must have the forceps long enough. The Scotch instrument is not long enough. Here is a specimen of the instrument used by Dr. Ramsbotham. It is something like the instrument of Dr. Simpson, which is a little longer. Dr. Simpson's has a double curve, which is a great improvement; but the double curve does not make the short forceps long. I have used it when I have not had an instrument of my own. It will not do where the head is lying upon or above the brim of the pelvis. It will do for brim operations; but not beyond that. With regard to the argument based on the instrument itself, I will quote what Dr. Simpson says in his notes of his lectures: "Never apply the forceps until the os uteri is fully dilated, and until the head is in the pelvis." There is the practical commentary upon his forceps. He tells you to follow the practice that is within the power of his instrument, and that is very natural. We have an illustration of the same point in his celebrated papers upon turning in contracted pelvis. The reason why he turned was because he had not forceps long enough to get at the head, and he had no resource but to turn. That is why turning was advocated by him in preference to forceps. Here in London, in Dublin, and in the larger towns, if the head is upon the brim of the pelvis and accessible to the long forceps, we prefer dealing with the child's head first instead of turning it. Although I admire his paper upon that subject, and often turn in cases of contracted pelvis, it has been where there is such a degree of contraction that the forceps will not drag the child through. Dr. Lever, who practised in London amidst a large population, contrived a long forceps for difficult cases. I have here also a specimen of a long forceps contrived by Dr. David Davis, who also worked in London. It is a singular instrument, with one long blade and one short one. His son also, who, I am happy to say, is recovering his health, having similar work to do in London, contrived a beautiful pair of forceps, sixteen inches and a half long, with parallel shanks. You can use the instrument with both hands, so that you have enormous power, and can regulate your work with the utmost accuracy. In Manchester a similar thing has been done by Dr. Radford, who has contrived a long forceps with parallel shanks. Dr. Robertson has done the same thing, but his instrument is not so good. I began to use short forceps in my early practice, but I soon gave it up, and I contrived the long forceps now used so extensively in Dublin. You can hold it with both hands and distribute the force with accuracy, and it will fetch a head above the pelvis. The high operation, therefore, is an operation of English origin rather than Scotch. Although they have in Scotland a great amount of time to teach, they have not so many cases to practise upon. I will not say anything more about the saving of infant life, because that has been dwelt upon by others. With regard to the evidence of damage in the first stage of labour to the mother and child, we have the statistics of Dr. Churchill, quoted as they have been by Dr. Kidd and others, as proving that no damage comes during the first stage of labour; but they are worth very little. I think that all those who have studied midwifery clinically will agree that there never was so much honest labour misspent as in the compilation of Dr. Churchill's tables, and never so many fallacies accepted as facts. We know very well that mischief may arise in the first stage of labour, and it is our business to anticipate it by the timely and judicious use of forceps. There are a number of cases where delay, occurring in the first stage of labour from premature escape of the liquor amnii, may be followed by this difficulty.

Dr. AVELING.—I am sure Dr. Barnes would be the last to wish that any error should be published with reference to the forceps of Dr. David Davis. Those that he has referred to are exceptional ones. He had a pair of long forceps very similar to those of his son.

Dr. BARNES.—I may say that Dr. Hall Davis himself gave me those instruments a day or two ago. Coming to the high operation, we are dealing with a matter of great and serious importance, and we are not to indulge so lightly in the use of the forceps as in the case of the head being delayed in the pelvis. There are two classes of cases of arrest of the head in the brim. There is the first class, where the arrest is due to disproportion. Either the head is too large, or the pelvis is too small, or there is malposition. In those cases we do not always know what the cause of arrest is until we have had time to observe and to put the patient under chloroform. Those cases are beyond our present consideration. Putting them aside, I admit that the cases which remain, in which there is no disproportion and no malposition, in which there is arrest of the head above the brim, are not of very frequent occurrence, and that is the only class of cases where we still have it open to us to apply the forceps. Therefore I say again that the last proposition put forward, that the utility, necessity, and the safety of the forceps become less frequent as we ascend above the pelvic brim, is untouched, and it has received confirmation from Dr. Hicks, and those who have experience entitling them to speak. With regard to craniotomy I do not think we have evidence enough that the dream, the justifiable and scientific dream, of Dr. Tyler Smith, that craniotomy is on the point of abolition, is about to be re-

alised. I do not think we have got so far as that. I never thought we should; but we have been tending towards it. That is one of the great evidences we have of the progress of scientific midwifery in this country, that we are diminishing craniotomy year by year. There is no possible record of experience that can now be adduced in the practice of the last ten years that could in any way parallel the evidence brought forward as to Dr. Robert Lee's practice. There is nothing to be compared with it, and I say that it is due to the extended use not only of the ordinary forceps but of the long forceps. In former times, when the head was arrested at the brim of the pelvis, when the long forceps was not used, there was nothing for it but to perforate. Now the long forceps will reach those cases, and thus prevent craniotomy, just as the more frequent use of the forceps saves the child when it is lower down. I think that the alternative of ergot will gradually be exploded. It is not an alternative to the forceps in the cases where it is justifiable to use it. And craniotomy as an alternative will diminish more and more as we acquire more skill in the use of the forceps, as we improve the instrument and give it more power. At the same time it is an instrument liable to abuse; but it is the glory of English midwifery to improve and to carry it up to the highest state of perfection, and the more we do that the more we shall justify this country as the country where the forceps were invented.

Thanks were then given to Dr. Barnes for his valuable paper.

EPIDEMIOLOGICAL SOCIETY.

AT a meeting of the Society held at University College, Gower-street, on June 4th, the President, Surgeon-General John Murray, M.D., in the chair, Dr. CORY read a paper entitled "Details of experiments on the vaccination and subsequent removal of supernumerary fingers, apparently showing the imperfect protection afforded by vaccination when the vesicles are removed before their full maturity," of which the following is an abstract:—The number of cases experimented upon were four; three of the children had supernumerary thumbs, the other had a supernumerary little finger. The thumbs were vaccinated and cut off, one on the sixth day, one on the fifth day, and one on the fourth day after vaccination. Revaccination was performed in all these cases from thirty-nine to fifty-six days after the primary. There were two results of these experiments which were noticed: the first was an areola which existed on the hand from which the digits had been removed on the eighth day after vaccination. This might, of course, have arisen from the irritation of the wound, but if not it must have been due to the same causes as those which lead to the development of the areola after ordinary vaccination. The second result—viz., that noticed in regard to the revaccination of this case—was the most important. The child whose thumb was removed on the sixth day was found proof against revaccination. All the three other cases took, but the course of the vaccination differed very materially from a primary vaccination. The course was very rapid; the areola developed on the sixth and seventh days, instead of on the eighth or ninth. The scabs formed early, and most of them were desiccated by the twelfth day. In these particulars, and also in the appearance of the vesicles, these vaccinations presented great similarity to ordinary cases of revaccination. It is well-known from Bryce's test that when a second vaccination is performed on the fifth day after the primary the vesicles which result run a rapid course, so that they overtake the primary vesicles, and both mature together. The same thing happens when the second vaccination is done later than the fifth day, as the following case proves. A child was vaccinated in four places on the right arm. On the seventh day afterwards it was vaccinated in another place on the left arm. For the next five days a place was vaccinated daily. It was found that the places vaccinated on the seventh, eighth, and ninth days after the primary vaccination took; but those done on the tenth, eleventh, and twelfth days did not take. On the fifteenth day all the scabs on both arms were desiccated. The ninth day after the primary vaccination was, in this case, the latest day any result could be obtained by a fresh insertion of lymph, and this is precisely the result which Trousseau had observed in his experiments mentioned on p. 121, vol. i., of his work on Clinical Medicine (third French edition). As the vaccine vesicles usually increase in size up to the ninth day, but not afterwards, it is seen that the last day we can vaccinate with effect is also the last day the vesicles increase in size; and this is what we might expect, for the vaccine vesicles will increase in size until the skin has undergone that unknown modification which renders it incapable of being further affected by the vaccine virus. When this has taken place the vesicles cannot spread. Now, suppose in one of the above experiments we had vaccinated the child in another portion of the skin on the same day we amputated the fingers—what would have been the result? Probably this, that the second vaccination would have run a rapid course, just as we have seen how it would have done if the primary vesicle had not been interfered with. From these considerations it seems probable that the modification, whatever it may be, which renders the system incapable of further infection with the vaccine virus, is a progressive one, commencing at the time, or shortly after, the first insertion of the virus, and goes on hand in hand with the development of the vesicles. What the experiments seem to show is that this progressive modification is arrested when the vesicles are removed, and that when vaccination is again performed the modification, already partially accomplished, proceeds to completion from the point at which it had arrived when arrested. We can, by the foregoing supposition, explain the likeness which we have seen to exist between the revaccination after the above experiments and ordinary revaccination, for the modification wrought in the system during the course of a primary vaccination being supposed to be progressive, and the return of the system from a state of perfect protection to its original condition being known to be progressive, we should expect that a vaccination performed either when the modification had been arrested half way, or when the modification had half passed off, would give rise to similar phenomena. It seems probable that not only complete removal of the vesicles, but also those conditions of the skin, such as eczema, which often cause considerable modification in the appearance of the vesicles, may be operative in arresting the modification of the system; and if this be so, we would have an explanation of some of those cases in which small-pox has early followed vaccination, as well as a reason why, with slight scars, the protection against small-pox is not so great as when the scars are well marked, for a slight scar may very well be taken to indicate that the vesicle which gave rise to it did not attain its full development.—In the discussion which followed, the President, Dr. Buchanan, Sir Joseph Fayrer, and Dr. Squire took part.

Reviews and Notices of Books.

Clinical Manual for the Study of Medical Cases. Edited by JAMES FINLAYSON, M.D. London: Smith, Elder, and Co. 1878.

THIS book is perhaps the most complete of any manual in our language dealing with the subject of bedside observation. It is the work of many hands; for five contributors have aided the editor in its production. This has ensured a thoroughness and comprehensiveness of the subject, which adds to the value of the book; but at the same time it introduces an element of inequality in the space devoted to the various topics, and leads occasionally to slight repetitions. These are trifling drawbacks, seeing that each writer speaks from his own practical experience on matters with which he has made himself specially acquainted.

The first chapter, dealing with the Physiognomy of Disease, is by Dr. W. T. Gairdner, whose admirable lectures on clinical medicine must be known to all. It was fitting that this acute and painstaking clinical observer and teacher should contribute to a volume in which Glasgow clinical work is represented. The subject he here deals with has hardly been treated of in these modern times of improved methods of physical diagnosis, and it is refreshing to meet with this too much neglected study discussed in a manner

so lucid and accurate. The editor follows with Hints as to the Examination and Reporting of Medical Cases. Then comes a chapter upon the Temperature, Pulse, and the general signs of Pyrexia, several typical thermometric curves being given; although the section would bear further amplification. A brief account of the Sphygmograph is introduced by Dr. Coats; and it may be remarked that the pulse, as studied in pre-sphygmographic times, is hardly done justice to. Chapter IV. deals with the diagnosis of obvious objective states—conditions of the skin, hair, nails, glands, and joints. A full description of the specific febrile eruptions, their dates of appearance, &c., are given. Dr. Finlayson justly draws attention to the fact that in children slight attacks of rheumatism (sufficient, however, to lead to endocarditis) are frequently attributed to "growing pains."

The next chapter deals with the Examination of the Special Senses, and the difficult subject of diplopia in ocular paralysis is treated, without, however, any diagrams to illustrate it. The ophthalmoscopic examination of the eye is dwelt on, but here, as in so many other departments, continued practical familiarity with the instrument is necessary for its full comprehension; and three pages suffice for the ear. After a section upon the nose, taste, and sensibility in general, the subject of the diagnosis of affections of the cranial nerves is taken up. The Symptoms of Disorder in the Nervous System form the next chapter, which appears to be very complete. It terminates with sections on headache and on pain in the back—subjective symptoms so frequent and often so difficult of exact differential diagnosis. The Use of Electrical Instruments forms the seventh chapter. It is illustrated by the figures showing Ziemssen's well-known "motor points." Then follows a chapter on Insanity, contributed by Dr. Alexander Robertson. This is a novel and valuable innovation in a work of this class, chiefly for the reason that the subject of mental diseases does not enter sufficiently into the medical curriculum. A course of practical study of mental diseases ought to be made compulsory upon students of medicine, for unhappily insanity is very common, and no practitioner can pass through his career without meeting with it in some of its phases. To have the means and power of recognising those earlier mind-failings which may culminate in general mental deterioration, would be a great gain to the bulk of the profession, whose duties, it must always be remembered, lie as much in the prophylaxis as in the treatment of disease.

Chapter IX. deals with Disorders of the Respiratory and Circulatory Systems, chiefly as regards their subjective state, although the reason is not sufficiently obvious why the subject of the physical examination of these organs should be diverted from its natural place here and transferred to a later section. Chapter X. treats of the Examination of the Fauces, Larynx, and Nares, and is contributed by Dr. Gammell. Here again there are lacking any figures illustrative of laryngoscopic appearances, although the hints given as to the use of the laryngoscope, and the description of the appearances, are ample enough. Chapter XI. is on Disorders of the Digestive System; and the subjects of jaundice and dropsy have a chapter to themselves. The examination of the urine and the significance of urinary symptoms are dealt with in the 13th chapter, and illustrated by drawings of urinary deposits, chiefly from Dr. W. Roberts's well-known work. Dr. Finlayson does well to express caution in the inferences deducible from the guiac test for blood or hæmoglobin in urine. Its value has been overestimated, for it is liable to many fallacies, and should not be relied on too implicitly. A brief chapter on Symptoms connected with the Male Generative Organs is followed by one on Disorders of the Female Organs and their Relations to the General Health, contributed by Dr. W. Stephenson. The Physical Examination of the Chest and Abdomen by Dr. Joseph Coats forms the penultimate chapter. This section is well illustrated, and the influence of Glasgow teaching is apparent in the introduction of Dr. Gairdner's schemata of cardiac murmurs, and the use of the terms "auricular systolic," "ventricular systolic," &c. Dr. Coats also contributes a chapter on the Method of Performing Post-mortem Examinations. His directions are accurate and concise, and form a valuable addition to a book which should become very popular among students.

The Dissector's Guide: being a Manual for the use of Students. By D. J. CUNNINGHAM, M.D., C.M., Senior Demonstrator of Anatomy, University of Edinburgh. Part I. Edinburgh: Maclachlan and Stewart.

DR. CUNNINGHAM has not written a preface, and he leaves it to the reader to gather the purpose of his book from its contents. We suppose that the intention was to write a guide for the manual part only of dissection, to give directions how to expose the various parts to be noticed and examined, and in this it is certainly successful. But of course every student soon finds he wants far more than that; he needs to be told what to notice about the different muscles and vessels, &c.; he must not only be placed in a position to be able to observe, but must be shown what to observe. If every student were as observant and persevering as were the great anatomists of the past who have made knowledge of human anatomy so exact he would not require further help than that intended to be given by Dr. Cunningham; but he and every other teacher of anatomy will confess that the facts are far otherwise. Indeed, the author appears to have been shaken in his original purpose as he got on with his work, for in the third section of this part—on the thorax—the relations of the various structures exposed are mentioned with great care, and this section is therefore by far the most useful of the three. There is no reason why simple and clear directions for making dissections should not be combined with an enumeration of the facts to be actually noticed about the exposed parts, and it is a pity that students should have to use more than one book for these two kinds of help. We would suggest to Dr. Cunningham that he should write the second part of his work after the model of the third section of Part I., and even make it fuller in details than that. The book is exceedingly well written, and it is a relief to turn from the dry style so familiar in works on anatomy to that we have here, and for this reason we shall be surprised if Dr. Cunningham's book does not become a great favourite with students, if only he will make it more complete and really serviceable to them. There is nothing in the matter of the book that calls for notice from us; it does not profess to teach anything new. The methods of dissection are those practised in Edinburgh, and differ in a few particulars from those carried out in the London schools. It is illustrated by a few good woodcuts. The paper and printing are all that can be desired, but we would suggest that a book intended for daily use in the dissecting-room for at least two years requires a stronger binding than that at present provided.

OUR LIBRARY TABLE.

The Journal of Anatomy and Physiology. Edited by Professors HUMPHRY, TURNER, M'KENDRICK, and CREIGHTON. Vol. XIII., Part IV. 1879.—This part contains—1. A paper on Supernumerary Nipples and Mammæ, with an account of sixty-five cases observed. It includes much interesting information on the character and functions of these supernumerary bodies. 2. An article on the Origin and Composition of the Bodies found in Compound Ganglia, by G. T. Beatson. 3. The Physiology of the Turkish Bath, by Mr. W. James Fleming. 4. The Form and Structure of the Teeth of Mesoplodon Layardii

and Mesoplodon Sowerbyii, by Professor Turner. 5. On the Element of Symbolic Correlation in Expression, by Professor Cleland. 6. An Intra-thoracic Lymphoid Tumour, by R. Hogarth Clay. 7. On Inequality in the Length of the Lower Limbs, by J. G. Garson. 8. A large Sub-arachnoid Cyst, involving the greater part of the parietal lobe of the Lung, by Dr. D. J. Cunningham. 9. On the Process of Healing, by Dr. Hamilton. 10. On the Dentition of Hypsiprymnia Penicillatus, by George Leslie. 11. New Theory of Contraction of Striated Muscle, and demonstration of the composition of the broad dark Bands, by David Newman.

The Quarterly Journal of Microscopical Science. Edited by LANKESTER, ARCHER, BALFOUR, and KLEIN. No. 75. July, 1879. Churchills. — This is a remarkably good number. It contains the following memoirs :—1. Notes on some of the Reticularian Rhizopods, by Henry B. Brady. 2. A long memoir, by Dr. A. Milnes Marshall, on the Morphology of the Vertebrate Olfactory Organ. 3. A description, by E. T. Newton, of the Brain of the Cockroach. 4. An account of the Microphytes which have been found in the Blood and their Relation to Disease, by Timothy Lewis. 5. Observations on the Glandular Epithelium and Division of Nuclei in the Skin of the Newt, by E. Klein. 6. A description of the Early Development of the Lacertilia, together with some Observations on the Nature and Relations of the Primitive Streak, by F. M. Balfour. Lastly, a paper on Certain Points in the Anatomy of Peripatus Capensis, by the same author. Mr. Henry Brady in his Notes on the Foraminifera arrives at the conclusion, from the consideration of many facts, that these animals do live at the bottom of the deep sea, though he has been unable to observe the extension of the pseudopodia in any of the specimens dredged from great depths. Some good results were obtained by attaching a towing-net to the trawl, which was intended to receive the organisms thrown up by the rough disturbance of the superficial layer of the bottom mud. A plate, containing representations of many forms, is appended to the paper. Dr. Marshall's memoir deals, first, with the development of the olfactory nerve, and, secondly, with the development of the olfactory organ. The nerve appears as a solid mass of cells at a very early period at the side of the fore-brain before there is any trace of the formation of the hemispheres. The olfactory organs make their first appearance as a pair of slight thickenings of the external epiblast on the under surface of the fore-brain immediately in front of the mouth. Each thickened patch of skin soon becomes involuted into a shallow pit; and Dr. Marshall points out the close analogy of the pit to a visceral cleft, and of the folds that subsequently form in it to a gill. Dr. Lewis's paper requires careful study, and contains a critique upon most of the recent work on microzoa contained in blood.

Neurological Contributions. By WILLIAM A. HAMMOND, M.D., and WILLIAM J. MORTON, M.D. Vol. I., No. 1. New York : G. P. Putnam & Sons. 1879.—Under the above title Drs. Hammond and Morton propose to issue a periodical publication containing memoirs by Dr. Hammond on important subjects connected with the mind and nervous system in health and disease, including reform in the management of lunatic asylums, reports of interesting cases by the two authors, and short notices of books. The first number contains articles by Dr. Hammond on the "New Asylum Treatment of the Insane," in which asylum treatment is condemned on grounds which have not altogether the same weight in this country as in America; an account of a curious group of three dwarfs, brothers; a description of a new "form" of insanity, mysophobia—viz., that characterised by dread of contamination, dirt, &c.; and records of practice in cases of insanity of supposed malarial origin, of hysterical deception (pretended swallowing of pins and needles, the fraud being confessed), and a very ordinary case of aphasia from syphilitic brain disease. Dr. Morton contributes cases illustrating the toxic effects of tea, and the treatment of eczema and ulcers by galvanism; also cases of syphilitic paralysis of the muscles of one eyeball, and of syphilitic paraplegia, neither of which presents anything remarkable. The number is exceedingly well printed. Several of the papers are of interest, but the value of the publication will be lessened unless the authors are careful to avoid the temptation, offered by their unlimited space, to publish commonplace cases.

Skeleton Notes on Analytical Chemistry, for Students in Medicine. By ALBERT J. BERNAYS, Ph.D., F.C.S., Professor of Chemistry and of Practical Chemistry at St. Thomas's Hospital Medical and Surgical College, an Examiner in Chemistry and Toxicology at the Royal College of Physicians, &c. Churchills. 1879.—Professor Bernays' "Notes for Students in Chemistry" are well known and valued by students. He has wisely severed the analytical course from the rest and published it separately. The Notes now before us are models of condensation, and cannot fail to be highly useful. The arrangement has a good deal of originality, and the preliminary classification of important substances according to colour, solubility, crystalline form, &c., is very sensible.

Clinical Remarks on Gleet; its Causes and Treatment. By J. C. OGILVIE WILL, M.D., Surgeon to the Aberdeen Royal Infirmary. London : J. and A. Churchill. 1879.—In this clinical lecture Dr. Will gives first an enumeration of the different conditions that may give rise to gleet, and then describes how to examine a urethra to detect the local causes. It ends with plain and sound directions for treatment. The author makes no claim to originality, but he has succeeded in marking out clearly and well the outlines of our knowledge of the subject. He supports Dr. Otis's well-known views on the size of the urethra. All the instruments mentioned in the text are figured in a good lithographic plate.

Analytical Records.

EXT. CINCHONÆ RUBR. FLUIDUM.

(EVANS, LESCHER, & EVANS, LONDON.)

EXTRACT of red cinchona bark has lately been much extolled as a remedy in cases of drunkenness, and the fact of its efficacy seems well authenticated. Messrs. Evans & Co.'s extract is highly concentrated, and contains large amounts of the characteristic alkaloids and substances of red cinchona, especially of cinchonin.

THYMOL CAPSULES.

(MESSRS. BLAKE, SANDFORD, & BLAKE, PICCADILLY.)

The antiseptic properties of thymol have led to its employment in cases of dyspepsia in which digestion is imperfectly performed, and where a tendency exists to putrefactive changes. As thymol is not a pleasant medicine to take in the ordinary way, Messrs. Blake, Sandford, and Blake, have succeeded in putting it up in capsules, each containing a grain of thymol. It is to be hoped now that this medicine may be prescribed in so simple a form that its efficacy will be extensively tested.

QUININE CORDIAL.

(JOHN GILLON & CO., LEITH.)

The idea of administering quinine in combination with lime-juice is a very good one, because the lime-juice both dissolves the alkaloid very readily and conceals its bitter taste to some extent. The preparation under notice contains,

however, hardly enough of the active ingredient. The preservation of lime-juice with sulphurous acid, so universally practised, is open to objection, and we believe that, by attending to this suggestion, Messrs. Gillon and Co. will be able to much improve their preparation.

NUTRIENT BISCUITS.

Messrs. McCall and Stephen, of Glasgow, have brought out a biscuit which contains a large proportion of cod-liver oil. These biscuits are very palatable and nutritious, the odour and taste of the oil being scarcely perceptible. They will be found highly serviceable in those cases in which there is a repugnance to the oil in the ordinary form. They are especially adapted for children, as the oil is almost entirely disguised.

EXTRACT OF COFFEE AND CHICORY.

(MESSRS. WALKER AND MCLETCHIE, GEORGE-LANE, LONDON, E.C.)

This extract is stated to consist of coffee and dandelion chicory. What is meant by dandelion chicory is not quite clear: chicory and dandelion, although members of the same natural order of plants, belong to entirely different genera, and it is not correct to call the dried and roasted dandelion-root chicory; and although the two roots have much in common, still their properties are not identical. The extract of Messrs. Walker and McLetchie possesses in a marked degree the odour of coffee, and furnishes a refreshing beverage when prepared in the usual manner with boiling water, sugar, and milk. It will be found a very useful article on board ship, and wherever freshly roasted coffee is not to be obtained.

ROISDORF NATURAL MINERAL WATER.

(F. RÜHL, 11, FENCHURCH-BUILDINGS, LONDON.)

The Roisdorf water is a representative of the saline and alkaline class of mineral waters. According to an analysis by Dr. Hassall and Mr. Hehner, it contains in 100,000 parts 201 of chloride of sodium, 86 of carbonate of soda, and 35 of carbonate of magnesia. It is highly charged with carbonic acid gas, and is a most agreeable and refreshing table water, slightly aperient and antacid. It is perfectly free from organic matter and from metallic contaminations, and altogether an excellent natural mineral water.

SOLIDIFIED CARBOLIC ACID.

(F. C. CALVERT & CO., MANCHESTER.)

This preparation presents carbolic acid in a perfectly novel form—namely, in solid squares, non-hygroscopic, and readily soluble in water. It is a very great improvement on the liquid or crystallised carbolic acid used for disinfecting or antiseptic purposes, since it is portable and offers much less chance of accidental poisoning taking place. The preparation is very strong and active.

JEYES' PERFECT PURIFIER.

(SANITARY COMPOUNDS COMPANY, 54½, BISHOPSGATE-STREET.)

This latest addition to disinfecting and antiseptic fluids appears to answer its purpose remarkably well, containing as it does, in a very concentrated form and in as pleasant a state as the nature of the substances admits, the most active constituents of gas liquor and gas tar. It is stated to be non-poisonous, but this assertion is only comparatively true. "Jeyes' perfect purifier" will doubtless gain a place among the many fluids now competing for the favour of the public and the medical profession.

PURE THYMOL SOAP.

(MESSRS. RICHARDSON & CO., LEICESTER.)

The recently discovered disinfectant, thymol, may either be obtained from wild thyme or it may be artificially prepared. It possesses the great advantage over tar, carbolic acid, and some other disinfectants, of being non-poisonous; while its odour—being, in fact, that of the wild thyme—is pleasant and refreshing; hence in this respect, also, it contrasts favourably with the disinfectants just referred to, the disagreeable smell of which constitutes one of the chief objections to their employment. Messrs. Richardson and Co. have succeeded in making a pure thymol soap, which, while it possesses antiseptic properties, is both fragrant and emollient. The soap is of superior quality, and is sure to be extensively employed.

CREASOTE SOAP.

(MR. THOMAS FORE, MARKET-STREET, BIRKENHEAD.)

This soap contains a large proportion of creasote and other allied substances, and doubtless possesses considerable antiseptic properties; there is therefore a large field for its use.

TARRATT'S BANDAGE PLASTER.

(MESSRS. WESTWOOD & HOPKINS, NEWGATE-STREET, LONDON.

It is claimed for this plaster that, from the nature of its composition and the materials upon which it is spread, it is adapted for a permanent bandage, neither producing irritation of the skin nor losing its adaptation to the part.

HEALTH OF LARGE ENGLISH TOWNS
IN THE TWENTY-EIGHTH WEEK OF 1879.

DURING last week 5147 births and 2492 deaths were registered in twenty of the largest English towns. The births were 35, and the deaths so many as 878, below the average weekly numbers during 1878. The deaths showed a further decrease of 39 from the steadily declining numbers in recent weeks. The annual rate of mortality per 1000 persons living, which had declined in the eighteen preceding weeks from 29·1 to 17·9, further fell last week to 17·6, a lower rate than any previously on record for these twenty towns. This low rate of mortality is partly due to the continuous excess of mortality that prevailed during the long winter of 1878–9, especially among invalids and elderly persons, and partly to the recent low temperature and abundant rains which have held in check the usual fatality of summer diarrhœa. The lowest death-rates in these twenty towns last week were 13·1 in Oldham, 13·3 in Brighton, 14·8 in Sheffield, and 15·4 in Portsmouth. The rates in the other towns ranged upwards to 20·3 in Leicester, 20·5 in Bradford, 21·4 in Bristol, 21·4 in Hull, and again the highest rate (25·2) in Newcastle-upon-Tyne. The deaths referred to the seven principal zymotic diseases in the twenty towns were 373 last week, showing an increase of 14 upon those returned in the previous week. They included 92 from measles, 91 from scarlet fever, 88 from whooping-cough, 54 from diarrhœa, and 31 from fever, principally enteric. The annual death-rate from these seven diseases averaged 2·6 per 1000 in the twenty towns, and ranged from 0·7 in Plymouth to 3·5 in Sheffield, 4·1 in Bradford, and 4·5 in Bristol. Of the 92 fatal cases of measles, no less than 67 occurred in London; the disease was also fatally prevalent in Bradford. Scarlet fever showed the largest proportional fatality in Newcastle-upon-Tyne and Sheffield; and whooping-cough in Bristol, Birmingham, and Sheffield. Of the 13 deaths referred to diphtheria in the twenty towns, 11 occurred in London and 2 in Birmingham. Enteric fever, on the other hand, was considerably more fatal in the provincial towns than in London. The fatality of diarrhœa was almost unprecedentedly low for the season; in the twenty towns last week only 54 deaths from diarrhœa were registered, against 352, 223, and 433 in the corresponding weeks of the three years 1876–7–8. Small-pox caused 4 more deaths in London (and 8 in Dublin), but not one in any of the nineteen large provincial towns. The number of small-pox patients in the Metropolitan Asylum Hospitals further fell during last week to 172 on Saturday last, from 195 and 190 at the end of the two preceding weeks. Only 21 new cases of small-pox were admitted to these hospitals during last week, against 41 and 28 in the two previous weeks.

THE LANCET.

LONDON: SATURDAY, JULY 19, 1879.

THE General Medical Council which met on Thursday at two o'clock has a programme of business that is neither usual nor free from difficulties. The election of a President is one of the duties of the Council. We have already remarked that there never was a time when it was more important that the Council should show wisdom in the choice of its president. The times are full of difficulty, and both old questions and new ones in regard to the profession call for the utmost sagacity in the Medical Council, and especially in its president, who for a great part of the year represents the Council. The Council acts at this moment under a rare amount of criticism. It cannot blame anyone for this but itself, and it can only escape from an atmosphere of criticism into one of confidence by the adoption of more vigour of action, and more self-respect. It occurs to us, by the way, that in the Medical Bill which we all hope is to come out of the labours of the Select Committee, it might be well to give the Council power to postpone the election of a new president till its next general meeting subsequent to the expiration of five years from the time of the retiring president's election—he continuing in office till the period of his successor's appointment. The present meeting is dictated at a most inconvenient time, chiefly by the expiration of the present president's term of office. Other questions might have advantageously stood over till the early part of next year. And they must now be discussed under most embarrassing circumstances, if, indeed, the Council should undertake their discussion at all, with a sort of halter round its own neck.

These questions are full of interest in themselves, and, under ordinary circumstances, the discussion of them by the Council would be important. The first question is the extent to which specialism, in the form of ophthalmology, should be made a compulsory part of the curriculum of candidates for the ordinary diplomas. The question is raised in letters to the General Medical Council from the various examining bodies to whom the Council had referred the subject. The second question is the right to practise in Canada enjoyed by registered British practitioners, which is seriously doubted by the College of Physicians and Surgeons in Ontario. We thought that this matter was settled long ago by the Act of 1858, which gave to those registered in the British Medical Register the right of practise throughout Her Majesty's dominions, though the Act of 1868 gave power to the colonial Legislature to require registered United Kingdom practitioners to register also in the colonial Register as a condition of practice. But the world seems turned upside down. Just when we in the mother country are getting over old prejudices, and preparing to recognise the respectable degrees and diplomas of our colonies, Canada, or at least the College of Ontario, asks for the repeal of the clause of the Act of 1858 which made imperial registration an imperial qualification; and, stranger still, such a narrow and disrespectful request is endorsed and supported by his Excellency the Governor-General, the Marquis of LORNE. The Medical Council, and the examining bodies of which it is made up, may well be humbled at one of the grounds—viz., that British qualifications are only half-ones, whereas the Canadian are complete. This objection, at any rate, can only be made fairly to the holder of a single qualification. The other grounds are rather amusing than convincing—that the climate of Canada is different, and that medical competency can only be tested by a different examination! We cannot believe that the College of Ontario will persist in such an absurd contention or in such a narrow request, especially at a moment when we contemplate a recognition of colonial and foreign degrees. It is a poor compliment to the mother country to be grudging in the recognition of its qualifications, and a poor exhibition of that spirit of generous fraternity which, on this side, is now in the ascendant.

Besides these questions there are others. One in which the Council of the College of Surgeons of Ireland declines to bow to the authority of the General Medical Council in regard to the recognition of students who commence their professional studies previous to passing their preliminary examinations. Last, though not least, is one of the questions arising under the Dentists Act, as to the merits of the dental curriculum and the dental degree in the University of Pennsylvania, one of the most respectable universities, we believe, in the United States. If the real investigation of these questions fell on the members of the Council instead of the registrar, we should probably soon hear of a request to be relieved from the administration of the Dentists Act.

THE Bill prepared and brought into the House of Commons by Dr. CAMERON, in conjunction with Earl PERCY, Dr. LYON PLAYFAIR, and Dr. LUSH, for the encouragement of Vaccination, by providing facilities for the optional use of animal vaccine, raises the question of animal vaccination as a matter of public policy, and not, as has hitherto been chiefly the case, as a matter of departmental convenience. It is no doubt natural that the National Vaccine Establishment, under the control of the Local Government Board, should display no eagerness to effect changes in the operations of that establishment of which the influence upon the working of public vaccination in this country cannot, perhaps, be clearly forecasted. The success which has been achieved in the administration of the Vaccination Acts, and the still greater success which may be regarded as certain in the near future, have been obtained, as is well known, at the cost of great labour, skill, and patience, in the face of many difficulties, and we can understand that anything which might disturb the orderly play of the administrative machinery of the Acts will be looked upon suspiciously by those who are responsible for their due application. But it may be questioned whether the responsible advisers of the Local Government Board have been quite alive to the considerable change which has in recent years been going on among important sections of the profession and the public on this subject—sections who would not yield even to the National Vaccine Establishment itself in their anxiety to further public vaccination and maintain it in the highest degree of

efficiency. Since the Report on "Animal Vaccination" made by the present Medical Officer of the Local Government Board (Dr. E. C. SEATON) in 1869, it cannot be doubted that professional feeling has undergone a great change on the subject. That report served to show in the clearest light what the deficiencies of animal vaccination then were, and how, as at that time practised, it could not fulfil the purposes of public vaccination in this country, or, indeed, the purposes of any vaccination at all which could have a pretence to be general in its application. Remarkable testimony was borne to the great value of that report and to the importance attached to the observations and opinions of its author, from the virtual adoption of the report both on the Continent and in America as the guide for remedying the defects then attaching to animal vaccination and the gauge for measuring its future progress. Since the publication of that report, so greatly has the practice of animal vaccination been improved, that its promoters, both across the Channel and across the Atlantic, aver that the several drawbacks which Dr. SEATON pointed out in the practice have now been entirely removed; that vaccination with animal vaccine lymph may now be performed with as much certainty as with humanised lymph; that the resulting vesicles, as a rule, are finer from the former than the latter lymph; and that the cultivation of good lymph, by its propagation through animals of the bovine kind, can be more securely maintained than by its propagation from child to child. These averments have been supported by an array of evidence seemingly little, if at all, short of demonstrative, and they have appealed forcibly to those sections of both the profession and the public who, holding fast to vaccination, maintain that when a trustworthy vaccine lymph can be obtained, such as that which it may now be taken can be secured by propagation of the natural vaccine from animal to animal of the bovine tribe, and which lymph is held to be free from all those suspicions which (it matters not how gratuitously) have occasionally attached to humanised lymph, it is incumbent upon a Legislature, which makes vaccination compulsory, to provide, if not exclusively, at least as an alternative, such lymph.

We confess that the circumstances under which animal vaccination has been and is practised in other countries differ so widely (if not essentially) from the conditions of public and compulsory vaccination in this country that it is not easy to see at a first glance how our present system of vaccination is to be brought into accord with an alternative system of animal vaccination. There is, however, reason to complain that since Dr. SEATON'S report in 1869 the National Vaccine Establishment has given no sign of its interesting itself further with this subject. It was certainly impolitic that the researches and discussions on this question on the Continent and in America should have been suffered to proceed as they have done, unsettling men's minds here, while the special department of the Government concerned with the subject should have appeared indifferent to it, although in no country of the universe does it touch the people so closely. That there have been sufficient reasons for this course to the mind of the responsible officials we have little doubt, and that this indifference is in seeming only; indeed, that this subject has passed without giving rise to public question hitherto may be taken as an indication of the confidence of the profession and the public in the officials referred to. But it is undesirable that this inaction of the Government should be longer maintained, and it is advisable now that the question should be dealt with, not from the more limited viewpoint of departmental convenience, but, as Dr. CAMERON'S Bill suggests, from the broader ground of public policy.

This Bill provides that a public vaccinator, if required, shall vaccinate a child with "animal lymph," and that the Local Government Board shall take such measures as may from time to time be necessary to secure for the public use a supply of animal lymph, and to provide for its distribution to public vaccinators and medical practitioners practising within the United Kingdom. Without attempting to speculate on the modifications which the passing of this Bill would require in the present administration of public vaccination, it seems to us that, given a sufficiency of money, the execution of Dr. CAMERON'S Bill should be quite feasible. This is a question for Parliament. If Parliament deems that the time has come when it would be proper to provide money for the object of the Bill, the details of its application and of administrative procedure under the Bill may be judiciously left to the Local Government Board. Whether at this period of the session "animal vaccination" can be properly dealt with in Parliament may be doubted, but there can be little question that the growing public importance of the subject must compel early consideration in that assembly.

SIR JAMES PAGET, in his evidence, has made a most valuable contribution to the strength of the case for medical reform. By the account he gave of the astounding defects of the examinations of the College, of which he is the representative in the General Medical Council, and of the slight effect which the most radical reform would have in injuring the College; by his confessions of the way in which one body at present relies on another for doing the most indispensable work, he has given the strongest demonstration which he could have given in behalf of the demand for one complete examination, carrying with it, to the successful candidate, a complete qualification. By his representation of the "slow movement" style of improvement which alone is possible to the General Medical Council, and by his admission that no possible harm can be done by representation of the general body of the profession, if only the ordeal of canvassing and electioneering can be avoided, he concedes the most of what we have contended for in regard to a reform of the General Medical Council.

The chief points in Sir JAMES PAGET'S evidence must be distinctly formulated in order to do justice to their significance, as those of one affectionately and naturally attached to the existing bodies, which he so adorns, and which have one of their best representatives in him. Let us begin with Sir JAMES'S account of the defects in the examination for the membership of his own College—the College of BRODIE, of LAWRENCE, and we might add of PAGET and SIMON. Be it remembered that a large number of practitioners take no other qualification, and get on the Register simply on the strength of this diploma. Yet Sir JAMES tells us in the year 1879, that they do not examine their candidate in

Chemistry, in Materia Medica, in Midwifery, in Medical Jurisprudence. When asked if anything was done by the College examination to stimulate the study of Chemistry Sir JAMES could only say that he thought that in the examination in Medicine the student was probably required to examine a specimen of urine! Mr. FORSTER said it struck him with surprise that there was no examination in Midwifery. And well it might. It is highly probable that before any young member of the College has been three months in practice — perhaps in the country away from the help of others — he will be called on to use the forceps, or extract an adherent placenta. On the way in which he does this his patient's life and his own happiness for months may depend. But, as far as the examination of his College is concerned, the trial will come upon him unprepared. Within the same period it is quite possible that he may have to give evidence before a jury or a court of law, an ordeal for which his College has done nothing to fit him. If we were asked for a condemnation of corporation examinations, based on a one-sided idea of the duties of actual practice, we could not ask for one more complete than that supplied in the admissions of Sir JAMES PAGET; while we all know that the examination in Medicine at the College is only a very recent innovation, and one to which the College was impelled rather by public opinion than from any internal compunctions. Sir JAMES further supplied a curious argument for an examining board independent of the Corporations, to be appointed by an independent Medical Council. He said he thought that, after passing this board, 97 per cent. would go on to seek affiliation with the Royal College of Surgeons. The most hard-hearted reformers will be glad to have such high authority as Sir JAMES'S for believing that good independent boards will not kill any corporation that is fit to survive.

Sir JAMES'S defence of the Council is more damaging to it than the attacks of its friends. The reason, according to him, for the occupation of a seat in it by each of the Corporations is, that each requires a place of defence in which its representative may vindicate his body! We agree with Sir JAMES that the examining Corporations require places of defence, but it does not follow that these should be provided, at a great cost, in the Medical Council, where they use their seats to defend and perpetuate the indefensible.

Finally, we have to thank Sir JAMES for admitting that no possible harm can accrue to the Council from the addition of a few representatives of the body of the profession, independent of the Corporations. He objects strongly to their election by a direct vote—we think too strongly. But he evidently, as we should expect, does not dread the influence of a few sensible practitioners on the work and reputation of the Council; nor does he express the risk which some try to frighten us with, of losing the services of distinguished councillors when the Council has been reformed. We have not dwelt on Sir JAMES'S defence of the "slow movement" and incapacity of the Council for regulating medical education. It would be unkind to dwell on the real significance of the fact that such a defence is the only one that occurs as possible to an advocate so able as Sir JAMES PAGET.

The evidence of Sir DOMINIC CORRIGAN only made clearer his well-known views in favour of a Bill of his own, creating an examining board to be appointed by the General Medical Council. So far we agree with Sir DOMINIC, whose Irish humour and honesty seemed refreshing to the Committee. But Sir DOMINIC would retain all the existing bodies, and require the unfortunate candidate to pass these as well as his own new Board. This would be to make matters worse than now, and is quite impracticable. Can severity of condemnation go further than to say that the existing examining bodies cannot be trusted to test the fitness of a man to attend upon a pauper!

THE discussion on "the Use of the Forceps and its Alternatives in Lingering Labour," which was opened by Dr. BARNES at the meeting of the Obstetrical Society in May, has come to a close, and we think that the result of that discussion will be to place the employment of the forceps in midwifery on a better and more scientific basis than it has hitherto occupied. The opening address of Dr. BARNES was characterised by a moderation and breadth of view such as to make it one of the most important papers on the subject. The value of the observations of many others of the speakers upon this question cannot be over-estimated, for a great number of the best-known and most experienced of English and Irish obstetricians took part in the debate.

The result seems to be in the main to support the propositions laid down by Dr. BARNES at the conclusion of his opening speech, that in almost all circumstances the forceps is preferable to its alternatives; that forceps may be not infrequently used with advantage when the head is in the pelvis and the os dilated, but that in proportion as the head is high in the pelvis and the os undilated, the necessity, utility, and safety of the forceps become less frequent. There was on the whole a marked unanimity with regard to the use of the forceps when the head is in the pelvis or on the perineum, and the opinion of almost all the speakers was in favour of a moderately frequent, as against an infrequent or very frequent, recourse to the instrument under these circumstances. Discussion chiefly took place with regard to the high operation and the use of the instrument before the os uteri is dilated, as practised and recommended by Dr. GEORGE JOHNSTON. It is matter of regret that Dr. JOHNSTON did not come over to take part in the debate, for his practice was made the subject of keen criticism and his statistics of careful sifting. Dr. KIDD pointed out some curious results which followed from Dr. JOHNSTON'S statistics with regard to the employment of the forceps before the os is dilated, but it was left for Dr. ROPER to show from those statistics the grave results of the practice advocated by the late Master of the Rotunda.

It was laid down emphatically in the course of the discussion that the forceps is an instrument the use of which is to save maternal and fœtal life, and it is by the results of different modes of practice that we must judge of their fitness or desirability. Forceps statistics, as a rule, are of little value, because factors play a part in one practice which are absent in another, and *vice versâ*, such as difference of nationality, different external circumstances, &c.; but in the reports of the Rotunda Hospital we find statistics which may apparently be fairly compared, because the practice has been carried on in the same building for many years, and amongst the same people. And it is this comparability that gives to

the reports of the institution their perhaps chiefest value. Dr. COLLINS was Master of the Rotunda from 1826 to 1833; he used the forceps but very rarely. Dr. GEORGE JOHNSTON was Master from 1868 to 1875; he used the forceps very frequently. Both these gentlemen have published the results of their practice while Masters of the institution.

During the Mastership of Dr. COLLINS there were 16,414 deliveries. During Dr. JOHNSTON'S period there were less than half that number, 7862. From this fact alone it may fairly be expected that the hygienic conditions of the hospital were much better during Dr. JOHNSTON'S term of office than during that of Dr. COLLINS; for if the building were moderately full during the former period, it must have been greatly overcrowded during the latter. And such we find to have been actually the case, for during Dr. COLLINS'S mastership there was an epidemic of puerperal fever, which carried off fifty-six patients, while there was no epidemic of any kind during Dr. JOHNSTON'S mastership.

Dr. COLLINS used the forceps or vectis 27 times; Dr. JOHNSTON in 752 cases — that is, in the same number of deliveries, sixty times as frequently. Here is what may be fairly characterised as the practice of two extreme views of the use of the forceps, carried out under apparently similar circumstances (with the exception already stated—overcrowding), and it is by the result to mothers and children they should be judged. In treating statistics and drawing inferences from them, there are certain errors into which we are liable to fall, and in dealing with forceps statistics this error is not uncommon. To compare the proportion of maternal or fœtal deaths in forceps deliveries is to compare the incomparable, and arrive at erroneous inferences, for the frequency of the operation is not taken into account. The way to reduce mortality in forceps operations to a minimum would be to use the instrument in every case, or in simple cases only, avoiding difficult ones. What is wanted is not only a small proportion of deaths in forceps deliveries, but a small one in total deliveries, and this should be the object of recourse to the forceps. Now Dr. COLLINS lost 4 women of his forceps deliveries—that is, 1 in 6 or 7. Dr. JOHNSTON lost 58, or 1 in 13 only; but though Dr. JOHNSTON'S proportion of deaths in forceps deliveries is only one-half that of Dr. COLLINS, yet in the same number of deliveries the former lost 30 women by forceps for each one lost by the latter.

Passing on to the total maternal mortality from all causes—forceps included—we inquire, How does the frequent use of the forceps affect this, as shown by the practice of Drs. COLLINS and JOHNSTON? And we find that, out of 16,414 delivered by COLLINS, 164 died; and of the 7862 delivered by JOHNSTON, 169 died—that is, in JOHNSTON'S practice rather more than two women died for each one that died in COLLINS'S. Here it should be observed, that of the 164 women who died in COLLINS'S time, 56 perished in an epidemic of puerperal fever.

The next important point for consideration is the amount of the fœtal mortality under the two systems. The saving of fœtal life is a strong reason and motive for frequent use of forceps. Now it is a remarkable fact that, while Dr. JOHNSTON had recourse to the forceps in many cases with a view of saving fœtal life, yet his reports do not contain any data whereby the total fœtal mortality can be calculated; this is a strange omission in the reports, and one of which we have, by reason of its importance in coming to a correct conclusion about Dr. JOHNSTON'S practice, a right to complain. It is found that, of the 752 children born by the aid of forceps under Dr. JOHNSTON, 54 were still-born, of which 4 were putrid. Of the 24 born by the aid of forceps under Dr. COLLINS, 8 were still-born—that is, a mortality five times as great as in Dr. JOHNSTON'S practice if we regard the proportion to the number of forceps cases alone, but only one-twelfth as great in an equal number of deliveries.

With regard to the number of still-births in the total number of deliveries, we find that, exclusive of premature births (before or at the sixth month), there were 1009, or nearly 6·2 per cent., under Dr. COLLINS. According to Dr. BARNES, the proportion of still-births to total deliveries during Dr. JOHNSTON'S mastership was 6·1 per cent.; so that in this respect a very frequent use appears to have a very slight advantage over a very rare use of the forceps.

It would be expected that with such rare use of the forceps COLLINS would have had frequent recourse to the perforator; and we do find that it was used by him 118 times, or 1 in 141 cases; while by JOHNSTON it was used 28 times, or 1 in 281 cases. That is, COLLINS used the perforator twice as often as JOHNSTON, and in this way probably destroyed some children which might have been saved had he possessed and had recourse to the improved forceps of the present day. A more frequent recourse to forceps would perhaps have diminished COLLINS'S mortality, especially the fœtal mortality, as RAMSBOTHAM'S and ROPER'S statistics (which are fairly comparable) at the Royal Maternity Charity appear to show; yet very frequent recourse to the instrument appears, on the other hand, to increase greatly the maternal mortality, and in some degree also the fœtal mortality. It is impossible, while reading the reports of the Rotunda Hospital under the two systems—that of very rare and that of very frequent use of the forceps—not to be struck with the terrible maternal mortality under the latter, and it is difficult to avoid the conclusion that the grave results were the direct effects of the practice.

Annotations.

"Ne quid nimis."

REPORT OF THE PRESIDENT OF THE COLLEGE OF SURGEONS.

THE fifth annual report of the President of the College of Surgeons, which was presented at the last meeting of the Council of the College, will not increase the interest of the profession in the doings of the Council. It is in the main taken up with a simple recital of the various results at which that body has arrived during the year. But we welcome one improvement. Hitherto, for some strange reason, or lack of it, the President's report has been presented in June, a month before the end of the term of office of the President. At length it has been decided that each annual report shall extend over the presidential year, and be presented in July—a change which can only be of advantage. Two reports of sub-committees are published as appendices to the report: the first on Mr. Quain's proposal to summon a general meeting of the Fellows to consider the desirability

of having annual or more frequent meetings of the Fellows for the discussion of matters of professional interest; the second on the enlarging of the scope of the Erasmus Wilson Endowment. Of course the recent decisions of the Council in reference to the separation of anatomy and physiology in the primary examinations at the College are noticed, as is also the very good regulation that candidates for the diploma of membership who fail at the primary examination to get more than half the total number of marks required to pass should be referred to their studies for six months, and not be admitted to examination again without a certificate of having dissected for three months. Mr. Simon closes his report with a weighty paragraph on the need for, and difficulties in the way of, legislation for amending the laws which regulate the granting of licences to practise. He speaks of the want of such legislation as a "public scandal and a grievance," but while expressing the hope that the present great effort to supply the need and remove the grievance may be successful within the term of office of his successor, he is by no means confident of it. And he holds that if this present effort fails all attempts at conjoined action should be abandoned by the College, which should seek to perfect its own system and provisions quite independently of the other corporations. Where Mr. Simon is diffident we cannot be confident, and must content ourselves with joining in his earnest hope that such a course may not have to be followed.

MORTALITY IN COLD SUMMER WEATHER.

THE Registrar-General's Weekly Returns continue to afford conclusive evidence of the effect of cold, wet summer weather in reducing the death-rate, and of the fact that the recent unseasonable and unpleasant weather is favourable to the public health. During the whole of June the mean temperature at the Royal Observatory, Greenwich, only reached the average on four days, and the mean temperature for the month was but 56·9°, and 2·8° below the average; rain was measured on twenty of the thirty days in the month to the aggregate amount of 4·3 inches, showing an excess of 2·3 inches upon the average amount for June. Under the influence of this low temperature and abundant rain, notwithstanding a certain excess in the fatality of diseases of the respiratory organs, the annual rate of mortality in twenty of the largest English towns (having an estimated population of about 7,500,000) declined steadily from 20·5 in the last week of May, to 18·3 in the last week of June. The weather of the first twelve days of July was still more remarkably unseasonable. The mean temperature was very considerably below the average on each of the twelve days, and averaged but 55·7°, showing a deficiency of 6·3°; rain was also measured on ten of these twelve days. The death-rate in the twenty large towns, however, continued to decline under the influence of this unseasonable weather, and fell successively to 17·9 and 17·6 per 1000 in the first two weeks of July. The death-rate in these towns was, in fact, unprecedentedly low during these two weeks. An examination of the causes of death shows that the main cause of this exceptionally low rate of mortality was the unusually small number of deaths from diarrhœa for the season. The Registrar-General notes in his last weekly return that but 54 deaths were referred to diarrhœa in the twenty towns last week, against 352, 223, and 433 in the corresponding weeks of the three years 1876–7–8. The mortality statistics for these twenty towns are unfortunately not available for a long series of years; but with regard to the 29 deaths referred to diarrhœa in London, it is stated that they were no less than 162 below the corrected average number in the corresponding week of the last ten years; and, further, that so few deaths from diarrhœa have not been registered in London in the second week of July since the memorable cold and wet summer of 1860. It is very probable that if we could exclude the mortality of children the apparently favourable effect of cold summer weather upon the public health would not be so conspicuous, but it would undoubtedly remain a stubborn and unpleasant fact. Cold winters and hot summers, however agreeable they may be to the strong and healthy, are fatal in their effects upon the health of the general population.

THE SEPARATION OF DISPENSING FROM MEDICAL PRACTICE.

WE have been favoured with a report of the action taken by the Rochdale Chemists' Association with a view to inducing the medical men of the country to give up dispensing on the understanding that chemists should give up prescribing. Nothing but the unprecedented pressure on our space hinders us from inserting the report at length. It sets forth that in many large towns the practice of medical men dispensing their own drugs is little followed; but it is within our own knowledge that in some of the towns named it is otherwise than represented in the report. To the argument that the medical man in humbler ranks of practice would have to abate his fees, it is answered that by the saving in drugs, the non-necessity for a dispenser, and the proportion of patients that would continue to pay the same fees as at present, the loss would be slight, whereas the gain to the doctor in relief from an irksome duty would be great. We entirely sympathise with those who would separate dispensing and prescribing. But there are great practical difficulties, the removal of which, in our opinion, must rest chiefly with chemists, whose present charges would render the change simply impossible. The report declares that since the establishment of the Pharmaceutical Society respectable chemists have been anxious to confine themselves to their own work. We are glad to hear it. But, again, our actual experience is somewhat different, in seeing cases of a really grave character constantly tampered with by chemists.

OUR BOY SOLDIERS.

LIEUT.-COLONEL KNOLLYS, in a very able article in the *Nineteenth Century*, has brought under notice the drawback to the present system of short service in filling the ranks of our army with immature boys. He does not say that there has been any deterioration in the physique of the recruits, or any laxity in the examinations by the medical officers, but he shows that, under a system of six years' service with the colours, and removal thereafter to the reserve, about one-half of the army must consist of lads who have not fully developed into men capable of undergoing the fatigues of a campaign. Under the old system of unlimited service, these lads were in so much smaller a proportion to the full-grown and thoroughly-trained men that there was no difficulty in taking care of them until they became fit for all the duties of a soldier; but this cannot now be done. Colonel Knollys admits that these lads are "plucky enough," but he doubts their having "that staunchness, resolution, confidence in themselves, their comrades, and their officers, which, in old days, so often prevented a retreat being converted into a rout, and turned a defeat into a victory." It is almost impossible also, under the present short-service system to get a fair supply of good non-commissioned officers, for just as a man is becoming thoroughly efficient he is drafted into the reserve, and must be replaced by one who is younger and has yet to gain that experience in the details of his duty which is so essential to efficiency. From a medical point of view, there cannot be a question that the army, as now constituted, is ill-adapted to the purposes of active warfare; that a large number of men in the ranks would speedily break down under the fatigues and privations necessarily attending a campaign, and that

the efficiency of the force would be greatly increased if there were a considerably larger proportion of older and more thoroughly trained soldiers in it. But how is this to be attained? The system of life service, or even of twenty-one years, as the rule, will never be again adopted in this country. Compulsory service is probably the only mode by which an adequate supply of recruits of twenty-one years of age or upwards could be assured; but this, by whatever name it might be called, we do not believe the country would adopt, at least for the regular army. Colonel Knollys proposes that a certain proportion of the recruits—about one-fifth—should be enlisted to serve for one year only with the colours, and then be drafted into the reserve for eleven years; the other four-fifths to be enlisted for twelve years with the colours, and then to have the option of serving six years with the reserve or remaining with the colours to complete time for pension. It seems doubtful whether one year would be enough to train these lads sufficiently to make them an available and valuable reserve for home defence, and an objection to the latter part of the scheme might be found in the rapid increase of mortality with the advance of age in the tropics, where a considerable proportion of the service of our army is performed. We are disposed to think that a return to the ten years' term of service, introduced by Lord Panmure in the first Limited Enlistment Bill, might be judicious. It would give the army the advantage of a larger proportion of mature soldiers; it would be sufficient to keep up the reserve, and it would remove the men from the colours to the reserve at the time when age and previous service begin to tell more injuriously upon their health, and they become liable to a rapidly increasing death-rate. The subject is one of much importance, is well deserving the serious consideration of the Government, and has been clearly and temperately discussed in the article to which we have referred.

THE SUNDAY CLOSING BILL.

ANY legislation which will lessen the fearful and degrading amount of drinking that is the curse of our land will always be warmly supported by us, and it is because we think the main provisions of the Sunday Closing Bill will have a beneficial influence in this respect that we must range ourselves among its friends. At present our working population has three alternatives before it on Sunday: to go to church, to idle, or to drink—the two latter, as a rule, being one. It has been clearly shown that restrictive legislation is of use to restrain drunkenness, and we believe this measure will be of value in preventing the worse than waste of time that now occurs in the multitude of drinking-bars in our great cities. We do not wish here to enter upon the question of the duty of the State to find a substitute if it forbid the amusement or delights of the public-house, further than to state our opinion that as soon as the public-houses are closed on Sunday, museums must be opened. Our immediate object is to point out that the Bill, as at present drafted, must be amended before it can become law. Justice demands that the public-houses should be opened at certain hours on Sunday for the supply of liquor to be drunk off the premises; and exceptions from the provisions of the Bill must be made in favour of the restaurants and dining-rooms upon which so many are dependent for their Sunday dinner. We believe the distinction can be drawn between a public-house and a dining-room so as to prevent the Act being evaded by "publics" selling "sausages and mashed potatoes." It might be required that in houses where there exist a drinking-bar and a restaurant, only the latter should be open, and that in it no liquor should be sold to anyone not also eating. But details such as these must be left to those most competent to deal with them. We cannot withhold our support from a measure which promises to do so much in the cause of sobriety, and we hope that it will be so amended as to accomplish all the good it aims at without curtailing the liberty all wish to enjoy, and the means of supplying public wants in a simple and ready manner.

MORE ARSENICAL POISONING.

IT is high time that some effectual steps should be taken to put a stop to the indiscriminate sale of articles either made or adulterated with arsenic in some form or other. Scarcely a week passes without some fresh and startling revelation of the presence of that poison in the most unlikely substances. The fact of the use of a compound of arsenic in sugar confectionery, artificial flowers, muslin fabrics, curtains, carpets, and wall-papers, has long been known. Some time ago several inquests were held on children who had died from the effects of the use of violet powder alleged to have been adulterated with arsenic. A few days only have elapsed since the statement was publicly made that paper collars, shirt fronts, and cuffs also contain arsenic; and now the revelation comes that silicate of magnesia, or French chalk, is likewise apt to be adulterated with that most poisonous substance. A Mrs. Hetty Blackburn, of Huddersfield, was accustomed to take, from time to time, some prepared chalk or carbonate of lime for the relief of heartburn. On June 28th she called with her husband at the shop of a druggist in Huddersfield; the husband asked for prepared chalk, and an article was supplied to him, a portion of which was made use of by his wife on the Sunday. A few hours afterwards she was taken seriously ill, and died on the Wednesday. The police were communicated with; the remaining portion of the powder was submitted to analysis, and found to contain 40 per cent. of arsenic. An inquest was held, and the jury found that death had arisen from misadventure. The druggist stated in defence that he was unaware the French chalk contained arsenic, or he would not have supplied it, but he did not explain how it was he came to sell French chalk in place of prepared chalk, the article asked for. Now, French chalk is very commonly dusted into new boots to make them slip on the more readily, and from the boot it easily makes its way through the stocking to the skin itself, and hence, if the article be adulterated, here is a further source of danger to health.

VIVISECTION.

WE entirely agree with Lord Truro and the Earl of Shaftesbury in condemning cruelty to animals, and there is no reason to regret the Act of 1877 which limits vivisection, except on the ground that it places the interests of science at the arbitration of a lay authority. It would probably have been better to leave the question of expediency to be determined by a competent tribunal of medical men. Meanwhile the Act works well and fulfils its purpose. There is neither need nor occasion for further interference, and we could have hoped that the small number of supporters Lord Truro found, and the large majority of peers who thought it worth while to vote against the Bill his lordship tried to induce the House of Lords to read a second time on Tuesday last, would have sufficed to prevent a revival of the controversy. Lord Truro, however, threatens a renewal of the onslaught against science and a still more determined effort to deprive inquiry in the spheres of physiology, pathology, and therapeutics of one of its *indispensable* though necessarily dangerous instruments. The position we are content to take in this matter, without reverting to the discussion of 1876-77, is that the law, as it stands, works so efficiently that nothing more in the way of hamper can be justly imposed on labourers in the field of science without—for the time and

in England—putting a stop to progress and studiously insulting a profession which daily and hourly gives proofs of humanity its fanatical detractors would do wisely to emulate. If the law is to be disturbed, it will be desirable to understand that those who refuse to let matters rest where they are will perhaps find that they have not been mended by the interference they threaten, but may yet discreetly forbear. When Canute was urged to bid the rising tide retreat from the shore, he taught his courtiers that he was not omnipotent. If those who are bent on opposing the spread of knowledge persist in running counter to the overwhelming energy of progress in the investigations of Nature, they may find that Science reads them a lesson not less conclusive and humiliating.

A LEGAL POINT AS TO "A JURY OF MATRONS."

WE leave to the lawyers to defend, if they please, the perpetuation of the farce of empanelling "a jury of matrons" to determine whether a female prisoner under sentence of death is *enceinte*. The practice dates from a period when obstetric science was in its infancy, and the *reductio ad absurdum* of the procedure as it stands lies in the fact that skilled evidence is presented to a jury so composed and constituted. With due deference to the legal judgment which must rule this question, we take leave to submit that if a jury of *women* cannot try the major issue of fact in a case of alleged murder they cannot adjudicate on the state of the condemned prisoner, except on the ground of evidence obtained directly by *themselves*. It is preposterous to call a skilled medical man to give evidence before such a tribunal, which is, in fact, an antiquated piece of machinery grotesque in its absurdity as perpetuated to-day. The only satisfactory view of the matter is that the whole episode of "a jury of matrons" is a farce, which justice indecorously, and at an unseemly time, performs for the gratification of archæological tastes. It is inconceivable that any "verdict" of such a galaxy of incompetency can have a real bearing on the fate of the prisoner. The Home Secretary will doubtless instruct some experienced obstetric physician to advise him as to the condition of the condemned, and, in so far as the execution of this particular criminal *now* rests on the accident of her physiological state, the question cannot be decided by a procedure so utterly ridiculous as the empanelling of a jury of matrons, or anything equally absurd.

THE CANAL BOATS ACT.

A PARLIAMENTARY return as to this Act has just appeared, and exhibits, as we prophesied, the lame results of piecemeal and philanthropic legislation. There are 99 registration districts under the Act, and returns are sent in as to 62 of these districts. Of these 62, in 39 districts a total of 11,062 persons are registered—i. e., 6701 men, 1462 women, and 2899 children. In the remaining 23 districts, 11,144 persons have been registered without regard to sex, &c., so that that circumstance alone makes the return valueless. A total number of 4964 boats were registered in these 62 districts, but 37 registration authorities give a *nil* reply as to registration. Are we to suppose that the boat-owners do not or will not register, or that there are no boats plying in the districts? And of what value would the return be if complete? It will, we take it, simply show categorically what Mr. George Smith and others told us long ago by general statements—viz., that a certain large number of men, women, and children are crowded in confined spaces on board these boats, subject to no laws of morality and decency, and, indeed, under the circumstances, unable to carry out anything of the kind. The cubic space regulations are entirely useless and absurd, and no real good will ever accrue from legislative efforts until women and children are excluded from these canal boats altogether. A trip up the Thames to Brentford, and a few visits paid on the river and near that lock, would amply prove the truth of this remark.

CANVASSING AT THE COLLEGE OF SURGEONS.

WE have had placed in our hands a letter which was sent to a Fellow of the College of Surgeons previous to the late election to the Council, and we think it nothing short of a duty to call attention to it. The letter reads thus:—

"London Hospital, June 26th, 1879.

"Dear Sir,—We desire to draw your attention to the ensuing election at the College of Surgeons, when—by the candidature of Mr. Jonathan Hutchinson—an opportunity will be afforded you of increasing the number of representatives of this hospital in the Council. Being confident that the welfare of the London Hospital must be a matter of interest to you, we trust that you will avail yourself of this unusual opportunity of rendering a service to your old school by recording your vote in favour of Mr. Hutchinson, and venture to suggest that this service would be most effectually rendered by your 'plumping' for him.

"We remain, yours faithfully,

"FREDERICK TREVES, F.R.C.S.,
"Surgical Registrar.

"WILLIAM LANG, F.R.C.S.,
"Demonstrator of Anatomy."

We would take exception to this letter for three reasons, at least: First, because, on public grounds, it is most important not to introduce a system of canvassing in connexion with these elections. Secondly, because the letter countenances and even presses the suggestion that members sit on the Council as representatives of their own individual hospitals, and not to act in the interest of the profession at large. We most earnestly protest against this doctrine; we quite understand the desire of any hospital to have one or more members of its staff honoured by being elected on the Council, but we deny that any surgeon is worthy of a seat there whose great aim is to render a service to his old school, and we are sure that Mr. Hutchinson has far broader and truer views of his duty than that. Our third objection to the letter is that it asks Fellows to "plump," a proceeding which we go so far as to think ought to be interdicted altogether.

THE NEW ORDER AS TO DAIRIES, COW-SHEDS, AND MILK-SHOPS.

THE Privy Council has issued another Order, dated the 9th inst., relating to dairies, cow-sheds, and milk-shops. This Order revokes the previously existing orders, consolidates their provisions, and adds to them. The additions provide for a month's notice being given to the local authority of the intention to occupy any buildings for cow-keeping and dairy purposes not so occupied at the making of the Order; for debarring the cowkeeper, dairyman, or purveyor of milk, if himself sick of an infectious sickness or having recently been in contact with infectious sickness, from taking part in the conduct of his trade or business, as far as regards the production, distribution, or storage of milk (the general provision to this effect in the first-issued Order appearing to have been insufficient); for preventing the keeping of swine in cow-sheds or buildings used for keeping cows, or in milk stores or other places used for keeping milk for sale; for local authorities giving public notice from time to time of the necessity for registration of cowkeepers, dairymen, and purveyors of milk, and of the mode of registration; and for exempting from the operation of the Order persons who sell milk of their own cows in small quantities to workmen or neighbours for their accommodation. The form in which the Order is issued is modified and improved as compared with the first-issued Order.

DEATHS OF ARMY MEDICAL OFFICERS.

WE regret to chronicle this week the deaths of two more officers of the Army Medical Department. Surgeon-Major Henry Kelsall died from an attack of heat apoplexy on the 6th of June, at Dakka, in Afghanistan. Mr. Kelsall entered the army as an assistant-surgeon on the 8th of September, 1855, and was promoted surgeon in March, 1870. He served for many years in the 1st battalion 20th Regt., was present with that corps throughout the Indian Mutiny campaign of 1857, being "mentioned in despatches" and receiving the medal and clasp for Lucknow. He was for some years surgeon-major of the 1st Royal Scots in India, and recently was in medical charge of the battery of Royal Horse Artillery attached to the first division of the Khyber army. He leaves a widow and one son to lament his loss.

Surgeon-Major Henry Walker, Army Medical Department, died at King's Lynn, Norfolk, on the 12th inst. Mr. Walker had recently returned from the Cape invalided from the effects of exposure and climate during the late Caffre war and on service in the Transvaal. Mr. Walker, who was unmarried, joined the army as an assistant-surgeon in January, 1859, obtaining his promotion in May, 1874.

SCOTLAND AND THE SELECT COMMITTEE.

WE shall soon get at the Scotch objections to reform. Our view is that no division of the kingdom is more interested in the equalisation of the minimum examinations than Scotland. Moreover, it was at her instigation that the legislation of 1858 was undertaken, under engagements on her part to—to use the words of Sir Robert Christison—observe "means of securing conformity of education and examination, so far as conformity can be secured." Professor Turner is to be examined to-day (Friday). But it is rather from older members of the Scotch schools that the nature of the obligations implied or expressed in the negotiations which led to the Act of 1858 is to be gathered.

LIVERPOOL WATER-SUPPLY.

ONE of our daily contemporaries at this town publishes, under the signature of "W. W. Bennett," a string of questions relating to the comparative purity and hygienic value of deep-well and surface water. We do not intend to copy them, because they are, so to speak, the A B C of sanitary science. But our contemporary is to be much commended for their reproduction, since they show very plainly, sensibly, and concisely the reason why, on all accounts, deep-well is to be preferred to water obtained from surface springs, or, indeed, any surface source. Liverpool is, as we believe, very much exercised just now as to its water-supply, and for persons who make no pretence to scientific attainments, but have enough common sense to be interested in their own sanitary condition, this is one of the best bits of readable matter with which we are acquainted.

DISRUPTION OF COMBINED SANITARY DISTRICTS.

WE have not long to wait before some of the mischievous results of the disruption of the combined sanitary district of Chelmsford, Maldon, and Billericay become apparent. The Billericay rural sanitary authority have advertised that they will hold a meeting on the 29th inst. for the election of *two* medical officers of health, at salaries respectively of £60 and £50 per annum. The appointments are to be for three years, "subject to the approval and orders of the Local Government Board," and "all information the officers may require (except such as they can obtain from the inspector of nuisances) must be procured by them at their own expense." In other words, the medical officers of health are required to purchase the straw which has to be used in manufacturing the authority's bricks. It does not appear whether the authority contemplates asking the Local Government Board to pay half the salaries of the medical officers of health, but it is clear that the latter are not to be withdrawn from private practice. Billericay paid to Dr. Cornelius Fox £219 per annum, of which half came from the Local Government Board. The Billericay rural sanitary district consists of twenty-five parishes, has an area of 54,498 acres, a population of about 18,000, and *one* inspector of nuisances!

THE RUSSIAN RED CROSS SOCIETY.

THE delegate of the Russian Red Cross Society in Bulgaria and Roumelia, Prince Schakhovskŏi, reported on the 23rd June that the operations of the Society had ceased at Sophia, Philippopolis, Yamboli, and Karnabad, and that two delegates and forty-eight sisters of charity would leave at once for Russia. The materials in the Society's depôts at Philippopolis, Yamboli, and Bourgas had been transferred, or were about to be transferred, to the Society of St. Panté-lémon, who, with this assistance, had established two hospitals, and would be enabled, when they received the whole of the stores, to establish two others.

STATISTICS OF THE COLLEGE OF SURGEONS.

DURING the official year just terminated, 361 new members, 20 fellows (18 by examination) and 28 licentiates in dental surgery, have been enrolled on the College register; 41 fellows and 227 members have died, and 2 members have been removed from the register. Thus in the number of members there is a healthy increase; but we have again to notice a serious diminution in the number of fellows, a circumstance demanding consideration.

ON Wednesday last the members of the Port of London Sanitary Committee, under the conduct of their chairman, Mr. Thomas Beard, made their annual inspection of the river between London Bridge and Gravesend. The party visited the school-ships *Shaftesbury* and *Exmouth*, and their own hospital-ship *Rhin* (now fortunately empty), where they were received by Mr. Philip Whitcombe, surgeon to the vessel. They afterwards dined at the Rosherville Hotel, Gravesend; the guests including Mr. J. F. Rolton, assistant-secretary, and Mr. Netten Radcliffe, medical inspector of the Local Government Board, Mr. Alderman Fowler, Mr. Johnson Smith, surgeon to the *Dreadnought* Hospital, Mr. W. Clapton, Mr. Harry Leach, port medical officer, and many others.

AT a recent meeting of the Council of the British Medical Association, Dr. Alfred Carpenter presiding, it was resolved to award the gold medal for "distinguished merit" to Surgeon-Major James Henry Reynolds, V.C., Army Medical Department, for his gallant conduct at the memorable defence of Rorke's Drift on the 22nd January, 1879. "Honour to whom honour is due!"

THE Prefect of the Seine has ordered a slab to be put up in the Hôpital des Enfants, to commemorate those who have fallen victims to their devotion in the performance of their duties. We find among the names which are to be transcribed those of several internes both in medicine and pharmacy. All, with one exception, died of diphtheria, contracted in the wards.

IN a recent debate at the Chamber of Deputies, M. Edouard Millaud read a report concerning the formation of a chair of cutaneous diseases and syphilis at the Faculty of Medicine. The commission which had been named to inquire into the question was favourable to the project, and the proposition is backed by the whole body of pro-

fessors. In 1862 a certain number of supplementary chairs were created for the teaching of special subjects, and the plan was found to succeed very well. Several of these, the chairs of ophthalmology, of diseases of children, and of mental affections, have been raised quite lately—as many of our readers may know—to the dignity of titular chairs; and in all probability the proposal to add a further sum of 15,000 francs to the budget of next year for this chair will meet with the approval of the legislators. Probably M. Fournier, the eminent physician of St. Louis Hospital, will be the successful candidate for this new post.

THE University of Dorpat has established a chair of Psychiatry, the occupation of which is to date from the 1st January, 1880. It has appointed, moreover, two assistants in the clinic for mental and nervous diseases.

ON Wednesday last Mr. Richard Davy amputated at the hip-joint for advanced disease of the articulation, and his lever was used to compress the common iliac artery. Only an ounce of blood was lost.

MEDICAL REFORM.

MEDICAL ACT (1858) AMENDMENT BILL NO. 3.

THE inquiry was resumed at 12 o'clock, Friday, July 11th, the chair being again taken by the Right Hon. W. E. Forster. Sir James Paget was the only witness.

Examined by the CHAIRMAN.

Sir J. PAGET.—I have been the representative of the Royal College of Surgeons of England on the Medical Council for three years. I was president of the college four years ago. I have for many years given lectures at St. Bartholomew's Hospital, and I am also professor of anatomy and surgery at the College of Surgeons. I am in favour of a single conjoint examination for each division of the kingdom. I would not say that at present any of the examinations are too low for safety, but some of them might, with great advantage, be made higher. Of late years there has been progress made in medical education, but by a more uniform system of examinations the standard would be raised. I consider that the examination of the College of Surgeons is quite high enough in all the subjects in which it examines, which are anatomy, pathology, surgery, and medicine. It does not examine in chemistry, in materia medica, or in midwifery. Practically the harm is not great, because very few persons now practise with only a single qualification. It is because the college is very anxious to have examinations in these subjects that it has urged the formation of a conjoint system. Practically all who pass our examination pass other examinations, such as those of the College of Physicians and the Apothecaries' Society. It is very difficult to raise the standard of examination unless you can be sure that all the schools are prepared to teach up to that level.

The CHAIRMAN.—Then it is not the fact that a practitioner who has a diploma from the Royal College of Surgeons has his diploma without a knowledge of medicine?

Sir JAMES PAGET.—He must pass an examination in medicine, or have a diploma from some other body. The examination is held by Fellows of the College of Physicians, who are expressly appointed for the purpose. The question of preliminary examination is a remarkable instance of the difficulty of getting educational bodies to provide what we require for examinations. We are very anxious to examine all students in chemistry and botany at the preliminary examinations, but it is almost impossible. The primary examination has been raised very much, and complaints are now commonly made that it is higher than is fair to subject the men to. There are some very stupid men who cannot pass any examination.

The CHAIRMAN.—Do you find that any difficulties are put in the way of your keeping up a high standard, or increasing your standard by the existence of other bodies?

Sir JAMES PAGET.—Yes. There are a certain number of instances in which students are advised to go to what are known to be easier examinations.

The CHAIRMAN.—Do you mean advised by their relatives?

Sir JAMES PAGET.—No; generally by their private teachers. It is seen that they are not likely to pass the primary examination of the College of Surgeons, and they are advised to go elsewhere. I should think there are eight or ten crammers in London, and they naturally advise their pupils to go where it is most likely they will pass. I think it would greatly damage the profession if the Medical Council itself undertook the examinations, if those examinations necessitate the consideration of constantly varying details. Hour after hour has been spent by the Committee of Reference formed of the representatives from the English bodies in considering questions which it would take days of the Council to decide upon.

The CHAIRMAN.—Why should not the Committee be the examining body?

Sir JAMES PAGET.—The Committee could not do other than appoint examiners.

The CHAIRMAN.—Why should not a committee of the Medical Council appoint examiners in the same way as your committee at the College of Surgeons does?

Sir JAMES PAGET.—They would have to spend an immense amount of time in drawing up the regulations for the examiners, and then they would have to appoint persons to examine into the conduct of the examinations. It is expected that members of the Council of the College of Surgeons will be present at the examinations, and inform themselves of what goes on there. The members of the Medical Council would have to come from very distant parts of the country. I think there are only seven of them resident in London. I think the Medical Council, as at present constituted, would be exceedingly unfit for the duty. The examination, too, would notoriously be a minimum examination, and the person passing it would not of necessity, I suppose, be connected with any of the existing authorities. If an examination were instituted by the Medical Council, conferring a title of licentiate in medicine and surgery, I do not believe that three students in a hundred would be content with that alone. They would be at once regarded as an inferior class of the profession, and they would go to other bodies to obtain what they would regard then as honorary distinctions. I consider that the proper function of the Council in this matter is to keep the examining bodies up to their duty, rather than to do that duty themselves.

The CHAIRMAN.—Do you allow the preliminary examination of any other examining body to stand in place of yours?

Sir JAMES PAGET.—There is a long list of bodies from whom the preliminary examination in general education is received; but the primary examination must be passed at the college, except in the cases of persons already diplomatised by other bodies. These latter are received under certain particular regulations. The holding of the licence of the Society of Apothecaries is received by us in place of examination in medicine; and the membership of the College of Physicians is similarly received. I do not think the universities in Scotland take any except their own primary examination, but the corporations there accept the primary examinations of any authorised body, and therefore they will accept ours. We do not accept theirs because we accept no other primary examination but our own.

The CHAIRMAN.—How many diplomas do you issue in a year?

Sir JAMES PAGET.—I have here the report presented yesterday to the Council of the College, stating the number examined. For the year 1878-9 the number of pass examinations was 509. There were 345 passes, and 164 rejections. I have no return of the number of those who have passed the primary examination after having been previously rejected. If the Medical Council were to give a pass examination, leaving it to the different bodies to give an honour examination, I think that would lead to the disappearance altogether of some of the present examining bodies. What they grant would not be considered honour enough to be worth a second examination. Such a body as the College of Surgeons of England would be unaffected by it. If it were wished to get rid of some of the bodies that

would be an effectual method of doing so. I think it would be a grave error to give the Medical Council direct supervision of medical education. That supervision should be exercised by persons intimately associated with the schools, and familiar with their working. If the members of the Medical Council are to be selected at all according to the present plan, and much more so if they are to be chosen from the body of the profession, I would certainly not approve of their direct supervision of education. I have been all my life engaged in teaching and having to do with examinations, and the details of those examinations could be managed much better by those who meet every week than by those who meet only once a year. I took part in the preparation of the scheme that was arranged for a Conjoint Board for England.

The CHAIRMAN.—Why was not that scheme voluntarily brought into force, notwithstanding that no Bill had been passed?

Sir JAMES PAGET.—I think chiefly because we felt the scheme would be very imperfect if it were adopted in England alone, and that certainly one of the effects would be that students would go elsewhere to get easier examinations. I am not familiar enough with the Scotch bodies to know how their objections might be overcome, but I can hardly believe that their difficulties are greater than those we had to encounter in England, and which, by incessant conferences, we got over. I am clearly of opinion that unless conjoint boards were established in other divisions of the kingdom, there would be a difficulty in working our scheme.

The CHAIRMAN.—What do you consider the present functions of the Medical Council?

Sir J. PAGET.—The Pharmacopœia is fairly finished and kept in hand; the same may be said of the Register; and it appears to me that nothing remains for the Council but the supervision of medical examinations, and by that means the supervision of education. I think the Council contains in itself a sufficient number of those who have been actively engaged in teaching and examination to make the constitution of the Council for that purpose a good one.

The CHAIRMAN.—Theoretically there does seem some ground for the objection that while each of the other examining bodies, irrespective of their importance or influence, sends a member to the Council, the Scotch universities send half a one each?

Sir J. PAGET.—I have often thought that that was a theoretical objection; but I do not see how it can be surmounted. It has frequently been proposed that there should be representatives according to the number of practitioners. If that were so, the representatives of London ought to be equal to the representatives of the whole of Scotland.

The CHAIRMAN.—Do you find in the deliberations of the Council that the constituency of each member is generally borne in mind, or are matters discussed independently of the bodies who sent the members?

Sir J. PAGET.—I think one great advantage of the Medical Council has been that each member can bring any charge of error against any one of the authorities, and the charge can be immediately met or accepted by another member representing the particular authority. That would imply that if any examining body was not represented, it ought to cease to be an examining body. While it is an examining body, however small, it would be almost necessary that it should be represented, because it could hardly be reformed or improved unless there was some one there to defend it. I do not approve of the proposal to increase the functions of the Council.

The CHAIRMAN.—Nothing can exceed the importance of sanitary legislation. Do you think there would be no advantage from the Medical Council becoming an authorised State body, which the Executive Government of the day might consult on sanitary legislation?

Sir JAMES PAGET.—I cannot imagine that the representatives of the College of Surgeons of England or Scotland could undertake the study of sanitary affairs; and I consider that sanitary interests would be better advocated by individuals and voluntary associations than by any State authority, unless it was in the position of the Privy Council, able to appoint its own sanitary officers. It would not be at all advisable to have such a body as that separated from the Government. I think the legitimate interests of the profession are much better discussed in public meetings where any member of the profession may state his own views and advocate them. If such subjects were discussed by the Medical Council they would become so absorbing as to cause the Council to lose sight of the duty of supervising education. Take, for instance, the subject of medical practitioners in the army. A discussion on that would occupy ten or fourteen days.

The CHAIRMAN.—We have had it stated by witnesses of large experience that they consider the Medical Council has failed even as regards medical education—first, for want of power, and, secondly, for want of will to use their power. Have you ever heard of such objections?

Sir JAMES PAGET.—I have not heard of those objections. Seeing that all these things have to be done through examining boards and schools, there is a necessity for slowness of movement, as there is in all matters of education. I venture to say there is not a profession or business in the kingdom the members of which are so completely educated in all that concerns their profession or business as the medical profession. If I look at the education for the church, for the bar, solicitors, or civil engineers, from all that I can hear in no case can the education be compared with the education of medical men.

The CHAIRMAN.—Would not there be this difference—taking the bar for instance—that the practice of a man is a competitive examination in itself? It is immediately found out whether he can get on or not; and the public are better able to form an opinion about him than they can about a medical practitioner.

Sir JAMES PAGET.—I have really often said with regard to the members of my profession that they never cease to be under a competitive examination all their lives. They are always being talked about by their professional brethren, and almost every one of them at some time or other has been under constant inspection in the performance of public duties. It is very difficult to say how much has been done by the Medical Council, and how much has been done by the examining bodies. Some persons seem to assume that the Medical Council does everything; others that it does nothing. It must be remembered that all the examining bodies are continually engaged in the promotion of medical education.

The CHAIRMAN.—Would you say that the average of the general practitioners in England was equal to that of the practitioners in France and Germany.

Sir JAMES PAGET.—I have never yet met with anybody who has known intimately twenty general practitioners in England, and also twenty general practitioners in France or Germany; but from all information I can obtain I believe that the general practitioners of England, as a body, are more competent for all the duties of their profession than those of France, Germany, or any other country. I meet with them continually at consultations, and if I have been struck once with their ignorance I have been surprised twenty times at their knowledge. I do not think it can be said that because many of the members of the Medical Council have risen to great eminence in their profession, they are, therefore, out of sympathy with the general body of practitioners, because those who are in consulting practice depend more on the good opinion of general practitioners than any other people living. With regard to direct representation, Mr. Simon's memorandum expresses just my views. I do not know that it would lead to any harm if there were some of the members of the general body of the profession on the Council; but I do not think the good that would be done would be so great as to make it desirable to have direct representation of the whole body of the profession. If they could be elected by any other means than a general election it would be far better. I think the whole process of a general election would be very inconvenient, and that the probable result would be the selection of the persons who have the best organisation for election purposes, and not those who are best fitted for the work of the Council.

The CHAIRMAN.—Do you think it might have the effect of bringing party interest into the body of the Council?

Sir JAMES PAGET.—Party interest would be represented by the different journals. I do not think the profession would divide itself into parties, but THE LANCET would divide against the *British Medical Journal*, and, perhaps, both of them would divide against the *Gazette*. The method suggested by Mr. Simon seems to be a fair one—that each of the corporations should be in a position to offer an opportunity of becoming an elector to every one of its members. I think the modes of election of the different bodies might be equalised.

The CHAIRMAN.—Do you consider that the Council is large enough for practical work?

Sir JAMES PAGET.—Yes; but I do not think there would be much difference between a Council of twenty-four members and one of twenty-eight or thirty.

By Mr. MITCHELL HENRY.

Although the College of Surgeons and other important licensing bodies do not examine in all the subjects of a complete medical education, most of them require that education in their curriculum of studies, so that when the College of Surgeons is reproached with not examining in midwifery, it is not to be understood that the College does not insist upon education in that subject, but merely that it does not examine on it. Still it will generally be found that students will not study actively that in which they are not examined.

Mr. MITCHELL HENRY.—Is it the case in your opinion that the licensing bodies regard it as almost certain that medical men will take out more than one licence, and therefore they do not each examine in every subject?

Sir JAMES PAGET.—Yes.

Mr. MITCHELL HENRY.—Do you think that anything remains to be done by the Medical Council besides superintending and putting some finishing touches upon medical education?

Sir JAMES PAGET.—I should use the term "superintending" there as implying considerable influence, whether directly or indirectly. I think the Medical Council should have the power of compelling the adoption of conjoint schemes. The rule with regard to examiners is that they should not hold office more than five years, though good examiners will be pretty sure to be re-elected. Even if there were a conjoint scheme for each division of the kingdom, I would still have the examinations for the army and navy competitive. Speaking generally I think the medical practitioners of the United Kingdom are very highly qualified for their duty. There has of late years been a great raising of the standard of qualification, not merely in practical knowledge, but also in that kind of scientific knowledge which makes a man constantly able to learn in practice. It is the duty of the examining bodies to see that the teaching is done in such a way that a man shall not pass his examination by any unfair means, such as cramming or getting knowledge which he will lose again in a month. The evils of cramming are minimised by the fact that the large schools require continuous attendance as a condition of proceeding from one step to another, and it would be a great evil if by any theoretically complete system of examination an impetus were given to cramming. Teachers have a direct pecuniary interest in the success of their pupils.

By the CHAIRMAN.

Three years ago the Medical Council issued a very copious set of recommendations to be observed by the examining boards, and, as far as I know, those recommendations have been observed. I do not remember that there was at that time any so grave wrong in any examining board as to require compulsory powers, except that some only granted a single qualification, and therefore did not examine in all subjects. Those boards are prepared to remedy that by a conjoint examination.

By Sir TREVOR LAWRENCE.

If incompetent persons pass now, I should think it is simply the result of accident. I think there is very little ground for the charge that the representatives of the various corporations are disposed to look after the pecuniary interest of their own corporations as opposed to the general interests of the profession. Before that charge is made it ought to be shown how they benefit pecuniarily. The College of Surgeons receives a very large income for examinations, but the whole of it, and more besides, is expended entirely on professional and public objects, with the exception of £250 a year paid to the Council, the members of which receive a guinea each attendance. Of course, the examiners receive fees for the work they do. Our examinations cost £6300 a year. I consider affiliation to a corporation an important moral safeguard. A considerable number of improvements would have been introduced into their examinations by the College of Surgeons but for the doubt as to what might be the ultimate legislative action. A student may complete his studies at the University of Cambridge, but not at Oxford. I think the Medical Register is now as accurate as it can be. It was in many respects defective until our present registrar was appointed. It is not compulsory on anyone to send notices of change of residence or death.

Sir T. LAWRENCE.—Would you be disposed to accept a position on the Medical Council if it had to deal with Poor-law and sanitary matters?

Sir JAMES PAGET.—I would not accept a position on the Medical Council, or anywhere else, to transact business with which I am unacquainted. I could not undertake to learn the whole of the interests of Poor-law and sanitary officers. I am personally acquainted with several members of the Council who had to struggle hard in their early days. I am altogether opposed to the formation of anything like a general professional parliament.

By Mr. WHEELHOUSE.

The College of Surgeons will not admit anyone to examination unless he has passed through a certain fixed course of education. If there are examining bodies which act in a different manner, the remedy would be found in conjoint examination. I prefer the conjoint scheme to a Staats Examen. From all I can learn, the examination of the College of Surgeons is a more difficult one than that of most of the other examining bodies. The College was founded for examining in surgery, but it gradually enlarged the sphere of its examinations. Practically it was found that examinations in midwifery were held by other parties from whom the students came; but of late years it has been felt that that is a position which the College ought not to hold, and for the last ten years we have been looking for opportunities to examine in midwifery. It has, however, been considered useless to institute such an examination when a year or two afterwards a conjoint scheme might be put in force. I believe that a conjoint scheme could be instituted in England without an Act of Parliament; but the feeling is that a voluntary conjoint scheme would not produce such great benefit as to counterbalance the risk of students going to easier examinations. Still, if conjoint schemes are not made compulsory in the three divisions of the kingdom, I think it is very possible that England will adopt one. There are at present seven portals in England and six or seven in Scotland. The cost of the education of a medical student ranges from 90 to 125 guineas for what is really necessary. It is certainly less in Scotland and Ireland. I do not think the difference of fees determines a man as to which corporation he shall go to. The Society of Apothecaries in London grants its licence for £6, the College of Surgeons charges £20; but I do not suppose that more than three or four persons in a year pass the examination of the Society of Apothecaries alone, notwithstanding its cheapness. I would rather have the minimum curriculum laid down by the existing bodies than by the Medical Council. I think the power of the Medical Council should be limited to general, broad principles, and that they should not meddle with details in such cases.

By Dr. CAMERON.

The members of the Council of the College of Surgeons have no interest in the fees; but that cannot be said of the Scotch universities. I think that two or three of the present licensing bodies might be spared. The recommendations made by the visitors from the Medical Council to the College of Surgeons in 1875 have been adopted. Assuming the standard of requirements insisted on by the different bodies in the three countries to be equal, it is an obvious advantage to a student to have his education as cheap as possible; but I should like to say that medical education is exceedingly cheap. I do not know of any other profession for which a man can be taught for four years by a staff of twenty-five or thirty persons, all eminent in their several callings, for 120 guineas. The financial question has been very easily solved in England, owing to the fact that there are only three bodies concerned in it—the College of Surgeons, the College of Physicians, and the Apothecaries' Society. I suppose it would be more difficult in Scotland or Ireland.

By Mr. O'LEARY.

I am not aware that some of the examining bodies selected gentlemen to visit other bodies for the Medical Council. I think there was a general feeling that the result of the visitations was satisfactory.

By Mr. ARTHUR MILLS.

I think it would be a reasonable thing that certain representatives of the profession should be on the Medical Council; but if that would necessitate the sacrifice of the conjoint scheme I think it would be well to do without direct representation. The fees paid for registration are in no sense in the nature of a tax.

By Dr. LYON PLAYFAIR.

The Medical Council has never asked for power to regulate the curriculum of study, and has more than once decided that it does not wish to have it. If the universities are not to be confined to giving higher degrees, some change in the Bill would be necessary to enable them to maintain their museums. I have never yet seen an instance of levelling downwards in the examinations; but the examinations do not rise fast enough. When we first looked at the proposal for a conjoint scheme for England the difficulties seemed insuperable, but each body has given way on certain points, until at last we have arrived at agreement. I am quite aware that there are conjoint examinations among the corporations in Scotland, but I cannot make out that that has improved the examinations in any respect whatever.

By Dr. LUSH.

I believe the present constitution of the Council is as good as any that can be proposed for the work it has to do. To that work I hope it will be limited. I quite agree with the president of the Council, that so long as good men are elected the constituency is of no importance. If the Council is to have other duties assigned to it it ought to be differently constituted. I do not believe dissatisfaction prevails in the profession with regard to the work the Medical Council has done in the matter of education, but there is dissatisfaction with regard to the subjects that it deals with. I think the plan suggested by Mr. Simon, of election to the Medical Council by all the members of a corporation, would be a very good one; though it would be difficult to manage in the case of the College of Surgeons of England, which has a very large number of members. I do not think it is desirable to diminish the number of members on the Council.

Adjourned till Tuesday.

The Committee met again on Tuesday, July 15th, under the presidency of the Right Hon. W. E. Forster.

Sir D. CORRIGAN was called, and examined by the chairman. He said—I have been a member of the Medical Council since its formation, and I represent the Queen's University in Ireland. I am aware that the Government Bill proposes a conjoint scheme for each of the three divisions of the kingdom. I am not in favour of the scheme. I do not think it is practicable. Instead of introducing one portal as an entrance to the profession, it introduces three. That scheme would substitute national dissensions for professional jealousies, which would be a great misfortune.

The CHAIRMAN.—You say it would substitute three portals for one; are you not aware that there are nineteen now?

Sir D. CORRIGAN.—I do not think having three would lessen the evils that grow from nineteen. A great many of the nineteen have been added since the Council came into existence. Only two degrees were issued by Trinity College until the establishment of the Council; since then others have been added, and it is the same with the Queen's University.

The CHAIRMAN.—Would you prefer one examination only?

Sir D. CORRIGAN.—The answer to that would not explain fully my meaning. I should like to give my evidence in my own way. There has been a great deal of discussion about the status of the profession, but nothing has been said as to the interests of the public, who are merely treated as the paying body. The public require different grades in the profession, as we find on the Continent, but the Government Bill is a kind of Procrustean bed, on which everyone is to lie down, and the public needs would not be met by it.

The CHAIRMAN. — Then do you propose anything, or would you leave matters as they are?

Sir D. CORRIGAN.—I think for the present I would leave matters as they are. I may mention that the Bill proposes that no one shall be obliged to adopt any particular theory in medicine or surgery, or refrain from adopting any particular theory. The first proposition is fair and legitimate, but the second is quite different. Only two years ago, a foreign professor came to Dublin professing to cure syphilitic patients by inoculating them with syphilitic poison on the homœopathic system. After killing a few persons he was obliged to fly. Now suppose the physician or surgeon of a workhouse took it into his head to act upon that principle, he would be able to throw himself under the protection of the Bill. If any change is needed, I would leave the rich and well-to-do at liberty to send for anyone they liked, and under what circumstances they liked.

The CHAIRMAN.—There is no difficulty in the way of that at present, is there? Can I not call in any quack I like?

Sir D. CORRIGAN.—But the apothecary would not get off; he would be fined for practising as an apothecary.

The CHAIRMAN.—You mean that if a man holds himself out as qualified there is restraint over him. But suppose he says, "I do not care for any of your diplomas, but I offer to cure diseases and mend broken limbs"; there is nothing to prevent that.

Sir D. CORRIGAN. — But if he summons his patient for payment he is turned out of court. I would leave the rich to do as they like; but as regards the poor, the children of the State, I would not have anyone appointed to a workhouse or dispensary unless I had evidence that he was properly qualified—adopting the principle existing in the army and navy. I would not confine the Register to practitioners who wished for State employment. I would leave the present bodies to examine and give diplomas to general practitioners.

The CHAIRMAN.—Would you take from the Medical Council the power of inspecting the examinations of the different bodies?

Sir D. CORRIGAN.—My opinion is that the Medical Council has managed its business very badly, and that it ought not to have any additional power. As to the inspections, they cost a great deal of money, but I am not sure that they do any good. The inspectors send notice when they are about to inspect, and of course everything is ready, but there is nothing to satisfy the inspectors that the examinations will be as they should be for the next twelve months. I do not approve of the present constitution of the Council. The Council was constituted in 1858. In 1859 one of the Colleges issued an advertisement stating that for a sum of £10 it would give a licence in medicine to anybody without examination.

The CHAIRMAN.—The College of Physicians in Edinburgh?

Sir D. CORRIGAN.—I wish to avoid mentioning names. That body issued at least 1000 licences within the year. I brought forward a resolution that they should not be registered, but I was outvoted. The licence was inserted on the promise that the thing should not be done again, but the College kept the money. (Laughter.)

The CHAIRMAN.—Has there been anything at all like that done since?

Sir D. CORRIGAN.—I think not, because I believe there were no more purchasers in the market. (Laughter.) In July, 1878, the Council requested the Executive Committee to draw up a report with reference to any changes in its constitution that might be considered necessary. The Committee slept upon the matter, and did nothing. At the meeting in October I brought forward a resolution proposing that as the Executive Committee had done nothing, the Council should take into its own hands the question of direct representation, but the resolution was lost, and an amendment was carried stating that the discussion on the constitution of the Council was premature, inopportune, and not in accordance with the resolution previously proposed.

The CHAIRMAN.—If it were in your power to change the constitution of the Council, how would you do it?

Sir D. CORRIGAN.—I took the liberty in November of sending a published letter to each member of the Council, in which my views were expressed. I would limit the number to nine, three for each division of the kingdom, sent up by the profession generally, the universities, and the corporate bodies. I would have no crown nominee, except the President. There would be a university member for each division of the kingdom. I would give exactly the same representation to England, Ireland, and Scotland. Population has nothing to do with the question. I am in favour of direct representation of the profession. At present there is no one on the Council who has practised obstetrics, and, although we have the management of dentistry, there is no member of the Council whom I would entrust with the drawing of one of my teeth. (Laughter.) I have no suggestion to make with regard to the mode in which the direct representatives should be elected. I would leave that matter to the House. I do not know what is the general feeling as to the readiness of candidates to incur expense. The principle on which the Council is chosen is totally opposed to our notions of taxation and representation. The

tax is taken from the profession at large, and neither the Crown, the corporations, nor the universities contribute one farthing.

The CHAIRMAN.—But is it not the case that the Council was made a State-acknowledged body, not on account of the profession, but on account of its being supposed to be for the general advantage of the public?

Sir D. CORRIGAN.—That is an extraordinary principle to lay down—that it is for the public advantage, while the members of the profession are to pay the tax. If our soldiers and sailors are provided for by the State, and it is considered that the State is bound to take care that properly qualified men are put in charge of them, the same principle ought to be applied to the members of our civil community, who take charge of hospitals, dispensaries, and other places for those who cannot select advice for themselves. I am sure there is, at the present time, danger of men being appointed to such places who are not fit. I consider that the principal want at the present time is to have a special test examination for such appointments as those. Direct representation would introduce men into the Council who possess knowledge of what the public require, and of how our public institutions are managed. It is quite true that the members of the Council whom the public know the most of are men who have made their position by successful practice, but they did not start as general practitioners.

By Mr. ARTHUR MILLS.

On July 14th, last year, the Council passed a resolution directing the Executive Committee to report on the subject of direct representation; but three months were allowed to elapse before the Executive Committee complied with that order. When the proposal in favour of direct representation was submitted to the Council my recollection is that it was negatived.

Mr. ARTHUR MILLS.—The chief argument against the alteration in the constitution of the Council, given by Mr. Simon, Sir James Paget, and others, has been the turmoil which would be caused by the elections. Are you aware of any special arguments against such a mode of election, which do not equally apply to all elections of representatives?

Sir D. CORRIGAN.—I think there would not be any turmoil in the profession; but we have occasionally had a turmoil in Ireland. I have known a dispensary committee have stones thrown at them when a popular doctor has not been elected to a dispensary. When members of the House of Commons do not object to the press canvassing their respective merits and promises, I do not see that there ought to be any objection to the medical press canvassing the merits of the candidates for the Medical Council.

By Mr. ERRINGTON.

I do not think there is any pressing urgency for reform, but if there were I would certainly support what I may call your opinion. The result of all the reports made to the Council by their visitors is that the state of the medical profession is steadily improving. I think whatever protection the public require would be amply met by your Bill. The members of the Medical Council are on their trial, and I would not attach much value to their adopting one view or another. It is quite true that the majority in favour of the conjoint scheme has diminished, but I do not think inconsistency is a vice. A man has a right to change his opinion. I think there will be the greatest difficulty in the practical carrying out of the conjoint scheme. In fact, that scheme reminds me of Nebuchadnezzar's dream where the statue was formed of metals that never could unite. The scheme proposes to combine universities and colleges 300 years old with others that have no prestige whatever—those that have endowments with others that have none. The Apothecaries' Halls of England and Ireland are mere trading bodies. You get admission into the managing body by buying shares. If the examiners are divided into committees, you would come round to the point from which you started, just like a horse walking in a circle. It would be utterly impossible to maintain uniformity of standard. In 1815 there was a call from the public for a greater supply of practitioners. The Government felt that the subject was pressing, and they proposed to the College of Physicians to institute a pass examination of an inferior kind. The College of Physicians would not listen to it. The Apothecaries' Hall accepted the office, and by the change became not only a trading body making a profit on its shares, but also a licensing body. It was in consequence of the action of the College of Physicians that the Apothecaries' Hall as a licensing body came into existence. The establishment of a minimum standard by a Conjoint Scheme would have a tendency to lower the standard of the profession, because that would give a man the right to practise and to fill public offices, and he would have no object in going further. It would confine the care of the poor to persons with a very low qualification. Men with only that qualification would settle down and earn a good livelihood, and would not go further. There is no law to enforce registration of medical students in Dublin. The recommendation of the Medical Council about that is a mere farce. A young man might enter upon his duties at Trinity College on payment of five shillings without being an undergraduate at all.

Mr. ERRINGTON.—We had some evidence as to a visitation of the examinations at Queen's College University, and there were some papers in which the spelling was very bad, and it appeared that the student whose paper was produced, in spite of those mistakes, has passed his examination. Now, are you aware what the nature of the preliminary examinations is in other bodies in Dublin?

Sir D. CORRIGAN.—I should be very sorry to have to pass an examination in spelling. One of the words in that paper was "wholley"—that is only one letter too much. (Laughter.) The word "surprise" appears to have been spelt wrongly; and I must confess that, at the present moment, I should be just as likely to spell it wrongly as rightly. (Laughter.)

Mr. ERRINGTON.—Do you think the introduction of direct representatives would tend to increase the amount of discussion in the Medical Council?

Sir D. CORRIGAN.—There would not be such good speeches. (Laughter.) I do not know that there is any objection to the admission of reporters to the meetings of the Council. The reporters of the public press report what is worth hearing, and pass over what is not worth hearing. The interests of the public are much more important than the interests of the profession.

By Mr. O'LEARY.

In my opinion, if the conjoint scheme were established, the probable result would be that the constituencies of the corporations would grow less and less year by year. I do not at present know of any Irish bodies that do not require preliminary examinations, but the Executive Committee of the Medical Council wrote to the College of Surgeons of Ireland to know why they permitted men to go on with their studies without any preparatory examination, and recommended that the subject should be referred to the Irish Branch Council. It came before the Irish Branch Council, and our view was that we had nothing to do with it, that it was entirely a question of contest between the managing body of the College of Surgeons and the Medical Council, and that they ought to fight it out among themselves. There is no registration fee in Trinity College, but there is a matriculation fee of five shillings. If a man comes up to Dublin to enter on his medical studies he pays five shillings, and that entitles him to go all through with his studies. He need not pass an entrance examination before his name is entered on the books as a student in medicine. He can obtain his degree in medicine before having a degree in arts. Trinity College permits its school to be placed on the same level as the private schools in Dublin.

By Dr. CAMERON.

I do not think the universities in Germany require any examination. They only issue certificates that the students have attended certain courses of study. In France I believe all the examinations are conducted by the State. I think no one should be admitted to the Register who does not possess a double qualification, or has been examined in medicine and surgery together. I do not think the Council should have insisted upon the London College of Surgeons extending its examinations. It has no power to do that. It can merely issue recommendations. It is a question open to argument, and one on which at present I should not like to give an opinion, whether an examining body appointed by the Medical Council, especially if that Council is reinforced from outside, will be more independent and more go-ahead than an examining board appointed simply by the examining bodies. I think prescribing a curriculum, and insisting upon certificates that that curriculum has been followed, is all a farce.

By Mr. WHEELHOUSE.

There are various modes of obtaining public medical appointments in Dublin, and purchase is one of them. I would not hastily abolish that system. I purchased in my early days, and I had to raise the money to do it. A man may be ambitious, and with £200 or £300 he may obtain an appointment which will enable him to exercise the talents God has given him.

By Mr. PLUNKET.

I think it very desirable to have representatives of universities on the Medical Council. A man may become a licentiate in medicine at the University of Dublin without having graduated in arts. He must, however, have passed the final examination of the second year, which is called the "little go."

Mr. PLUNKET.—Is not that a stiff examination?

Sir D. CORRIGAN.—I am sorry to say I cannot say that. In order to have a degree in medicine at the university a man must also have a degree in arts; but it is not necessary for him to take out the degree in arts for several years after he has passed the examination for licentiate in medicine.

Mr. PLUNKET.—The "little go" at Trinity College I thought was the stiffest examination I ever had to undergo, and I think that was the general opinion of the men of the day.

Sir D. CORRIGAN.—Men who pass an examination always think it stiff. (Laughter.)

By Mr. MITCHELL HENRY.

I consider that the public ought to be at liberty to go where they like for advice.

Mr. MITCHELL HENRY.—But the liberty must be reciprocal. Do you think a man ought to be allowed to practise law as a solicitor with equal freedom?

Sir D. CORRIGAN.—I know nothing about law, and am not connected with solicitors in any way.

Mr. MITCHELL HENRY.—That is an analogous case.

Sir D. CORRIGAN.—Oh, no. There is no analogy between a solicitor and a medical man.

By Dr. LYON PLAYFAIR.

The view of the Senate of the Queen's University is that the Government Bill interferes with the functions of the University both as to the curriculum and as to the examination of students, and that the effect of the Bill would be materially to lower professional qualifications. As Vice-Chancellor of the University, I quite agree that the proposals of the Bill would be seriously detrimental to the interests of higher education.

The Committee then adjourned to Friday.

THE GENERAL COUNCIL OF MEDICAL EDUCATION & REGISTRATION.

Second Session 1879.

THURSDAY, JULY 17TH.

THE General Medical Council met to-day, under the presidency of Dr. Acland, all the other members being present. In opening the proceedings,

The PRESIDENT said:—The Council has been necessarily summoned at this time, since to-morrow the President's term of office will expire. Several other matters require your attention. Returns from some of the licensing bodies will be laid before you in answer to your inquiries made in March last concerning the study of ophthalmology and of gynæcology, including obstetrics. These returns, together with some other papers, notably a communication from the Branch Council of Ireland, and a resolution to be proposed to you concerning preliminary education, will tend to raise again the whole subject of the duration and manner of medical teaching in all departments. Many who took part in the former discussions on this subject are not with us. Brodie, Stokes, Green, Syme, Lawrence, Parkes, Rumsey, all gone—Quain (the surgeon), Allen Thomson, Lister, Cæsar Hawkins, George Paget, Sharpey, Embleton, yet with us, and several others who were prominent in the older elaborate discussions on education, cannot now state their views in Council. It will not then be surprising if the present members of Council should desire, at this or an early opportunity, to consider what has been the result of the recommendations, which occupied the attention of the Council for so many years up to the present time. Various correspondence regarding colonial and foreign practitioners will remind you how urgent it is that the Government should come to a conclusion with reference to this subject, already delayed ten years. The letters and reports from the Governor-General and the Privy Council of Canada, and one from the University of Adelaide, demand especial attention. A person convicted ten years ago of a grave misdemeanour and removed from the Register seeks to have his offence condoned and to be replaced. The case of one now on the Register, but expelled from the licensing bodies to which he is attached for circumstances of the gravest character, will come before you for judgment. This induces me to say here that, though some exceptions are still made to the general in its relation to the local register, we are assured by the registrar that the various errors which had crept in some years ago are wholly corrected and removed. The Dentists' Register comes into operation in August. A list of various minor registers, showing that part of the present work of the office, will be submitted to you. [After a brief allusion to the sittings of the Select Committee of the House of Commons, the President continued:—] A question has been much discussed whether the Council should exercise direct and absolute control over the details of the general, scientific, and practical education, as far as regards medicine, in all the universities and all the medical corporations and schools in the country. This question is often too lightly put and too hastily answered. We may take a single instance. Thinking men are not even now decided whether the average general practitioners—that is, by far the largest number of the profession—will best begin their difficult studies with a private practitioner or in a complete medical school. May not both ways be good? Is not contact with the daily life of a skilful upright man a discipline of itself, in some respects the best a student can have? Yet is there not a risk of his falling into the hands of one neither skilful nor upright, and of acquiring low views of his profession for life? And with regard to so-called medical schools, is the standard and tone of all (metropolitan or provincial) on at all the same level of culture, of science, and of practice? Are we under these circumstances to seek to force the several methods of preparation and of study into one precise groove? or shall we allow and even encourage that diversity which is promoted by freedom, by opportunity, by national taste, and even personal interest, so long as it stands the supreme test of a good final examination of fitness in respect "of the knowledge and skill requisite for the practice of the profession"? I am well aware that these plain and often reiterated questions may appear to some persons outside the responsibility of the Council too commonplace for calm inquiry and careful decision. Some would settle them at once by a majority of votes, and would impose the verdict of that majority on the leaders of thought, whether in our universities, in our great colleges of surgery and of medicine, or in the great private schools attached to hospitals, Royal or self-supported. But those who have paid attention to the modern changes and the great progress of the science and art of medicine and surgery know full well that general education and medical knowledge are in a state so transitional that they will long require constant watchfulness and care, and much interchange of thought and experience between the teachers and examiners of various schools of this and of other countries. The Reports of the Council on Professional Education in the year 1869 and the Report of the Teachers' Association in the year 1870, and the increasing demand that more time shall be devoted to great and special subjects, such as experimental physiology or ophthalmology, are quite sufficient to prove this. Looking indeed at the subject matter of medical education, at the difficulty, extent, and yearly growth of biological research, at the largeness of the interests of the national health, the extent of preventive and legal medicine, at the problems connected with the natural history of disease, at the vast array of fact in the domain of modern pathology, at the improvement in the means of diagnosis and of the apparatus of therapeutics, even the

knowledge we are obtaining of the need and results of good nursing and the training required for it, one cannot but feel that a future of the deepest interest lies before this Council as a great educational institution if only it can be saved for some years to come from the distractions forced upon it from without, such, I mean, as is caused by discussions on the machinery for performing its duties and on the merits of its own constitution, with which clearly it has, as long as it exists, nothing to do, and by which it has been disturbed and hampered in its deliberations for a period as long as the siege of Troy. It would ill become me to trespass on your time with further observations in this direction. In the circumstances under which I address you they will be perhaps thus far pardoned. It has seemed well that we should all be reminded how vital it is for the cause of medical education that the Legislature should pronounce, without further delay, whether there is or is not to be a system of combined examination approved by this Council, or whether each one of the existing licensing bodies is to feel that its present examining board is to be permanently maintained, with the corresponding responsibility of securing by some means a complete pass examination. Every other educational question pales in importance before this, for in the present state of public opinion examinations necessarily guide the average, and to a great extent the higher, education. When we look back on the first few years of the existence of the Council, and compare them with the latter years, we cannot fail to be struck with the great advance made towards a complete and comprehensive view of the needs of society in relation to medicine, and of the extent to which special interests are subordinated to national wants. The progress of natural science, the addition to the resources of healing, and the abolition of unnecessary restrictions engage the common thoughts of the medical profession, and a new and constant diversity of suggestion and endeavours maintain among us a vigorous life. The whole profession of the present day, its teachers and examiners, and, indeed, its actual students, are keenly alive to the misfortune which attaches to the instances, happily more and more rare, of men who are able to evade by ingenious contrivances the regulations of the licensing bodies and the recommendations of the Medical Council. Though, in a country like ours, diversity of opinion is sometimes too loudly expressed, yet that very diversity has here, at least, tended to create a harmony of aim and a unity of spirit before unknown, and a genuine desire for the advancement of sound knowledge and beneficent practice in medicine equally throughout the British dominion".

After some formal business the Council discussed a motion by Mr. Simon to the effect that the subject of elementary mechanics of solids and fluids be no longer recommended as optional, but required as compulsory, either at the preliminary or the first professional examination. The matter was ultimately referred to the Branch Councils. Some correspondence in regard to certain alleged irregularities in the registration of students at the Royal College of Surgeons, Ireland, gave rise to an animated discussion, which resulted in a motion to the effect that the secretary of the council of the Royal College of Surgeons, Ireland, should be informed that, in the opinion of the Medical Council, the continued non-compliance with the recommendations in respect of the preliminary examination prior to registration was much to be regretted, and that the Council trusted that the College of Surgeons would reconsider their action on the matter in question.

The Council then adjourned.

THE CORONERS BILL.

THE Select Committee to whom the Coroners Bill was referred have agreed to the following Special Report:—

Your Committee, in going through the Bill, have framed their amendments on the assumption that the office of coroner is not to be abolished or merged in any other jurisdiction.

They have taken some evidence as to the working of the Scotch system of dealing with those cases which in England come under the cognisance of the coroner. As in Scotland there is an elaborate machinery, maintained at the cost of the State, for the investigation and prosecution of crime, and as in England and Wales such a system can hardly be said to be in operation while the cost of the coroner's inquisition falls on the rates, it has not seemed to your Committee expedient to inquire into the desirability of assimilating the English practice to that of Scotland.

They are, however, of opinion that valuable suggestions as regards the medical investigation into the cause of death may be derived from the Scotch system, and since the Bill, as amended by your Committee, enacts a legal qualification for the office of coroner, it becomes important to make some improved provision for a satisfactory medical investigation in all cases in which an inquest is or may be necessary.

With this view your Committee recommend that the coroner should, where practicable, nominate one or more competent medical men, to be approved by the Secretary of State, to act within his district; and that in all cases in which notice is given to the coroner of a death which calls or may call for an inquest, such notice should be accompanied, or be closely followed, by the report of the medical man, or of one of the medical men so nominated.

Your Committee further recommend that for the purpose of ensuring that post-mortem examinations, or other medical investigations which may be requisite for the purposes of an inquest, should be conducted efficiently, the coroner for each district should nominate one or more competent medical men, to be approved as aforesaid (being either the same as those nominated for the purpose of making the said report to the coroner or others), by one of whom in all cases the requisite post-mortem examination should be made, unless the coroner, with the approval of the Secretary of State, should in any particular case otherwise order.

Your Committee consider that the double investigation which now takes place before the coroner and the magistrates in cases where a person is accused of a crime in relation to a death upon which an inquest has been held, is a cause of needless expense and inconvenience; and they are of opinion that though it may not be feasible to avoid it in all cases, yet that if a system of efficient salaried legal coroners were established throughout the country it might be possible to confer upon them the powers of a stipendiary magistrate, and thus obviate the evils referred to. To carry this out it would no doubt be requisite to consolidate the area of many coroners' districts.

Correspondence.

"Audi alteram partem."

SMALL-POX CASES AND GENERAL HOSPITALS.

To the Editor of THE LANCET.

SIR,—It is certainly true, as you suggest, that the incident which occurred at a metropolitan hospital the other day is neither novel nor peculiar to that hospital. In fact, the proper course for the hospital managers to pursue in such cases is difficult to decide. Let me give my experience. A case of doubtful small-pox was, as you suggest, temporarily detained in a separate ward of a metropolitan hospital in May, 1876. After some difficulty the case was removed by the authorities to the Small-pox Hospital. In the result, although every precaution was taken, seven other patients were stricken with the disease, and the hospital authorities were publicly censured for their inhumanity by the Metropolitan Asylums Board, and were admonished by the Local Government authorities. The committee then instructed their medical officers not to retain even doubtful cases, but to send them on to the local health authority. In consequence of this instruction the guardians at once raised an outcry against the hospital managers, because they had followed the advice of the Asylum Board, who declared "no more certain means could be taken to spread the plague of small-pox than to keep a man suffering from the disease" at a general hospital. Under these circumstances, being anxious to do what was right to the public and the patient, this hospital committee consented to keep any patient who came to the out-patient room suffering from small-pox in a small wooden shed in the grounds until the ambulance could be sent for. In practice it was found, owing to the local

health authority having no ambulance, and to the fact that they left the guardians to send the parish conveyance for such cases, that these patients, after being kept for from two to six hours under conditions which, to say the least, were not calculated to promote their ultimate convalescence, had to be sent at the expense of the hospital authorities in a public conveyance to the Small-pox Hospital. It was soon seen that this practice must, therefore, be discontinued, unless the local health authority would act in the matter. Two communications addressed to that body having elicited no reply, a formal notice was sent to them that in future all applicants suffering from small-pox would be referred to the workhouse authorities. There is no ambulance society in the district to which I refer.

Now, Sir, what other course could the hospital managers pursue? That the answer is difficult to find is proved by the knowledge that an application to the Local Government Board has remained for nearly two months unanswered.

Will you give practical effect to the concluding sentence of your annotation by telling hospital authorities what to do in such cases, and will you give us a specimen of the "instructions which should be permanently suspended in the out-patients' rooms for the information of the officials"?

Such courtesy on your part will be gratefully appreciated, because the example I have given of the inefficient arrangements of the local health authorities is, I believe, not an exception, but the rule throughout the metropolitan area.

I am, Sir, yours, &c.,

HENRY C. BURDETT.

Seamen's Hospital, Greenwich, July 14th, 1879.

*** We have to thank Mr. Burdett for this instructive note, confirmatory of our observations last week. We shall recur to the subject in our next number.—ED. L.

SYPHILITIC PARAPLEGIA; RAPID CURE.

To the Editor of THE LANCET.

SIR,—The notes of the following case may prove interesting to your readers as viewed in conjunction with a clinical lecture by Dr. Buzzard on the above subject, which appeared in your journal of April 5th.

C. K——, aged thirty-eight, a powerful-looking man, married, with three healthy children, seen first on May 1st, had been confined to bed since April 28th. I found him complaining of severe pain in lumbar region, pain and stiffness of both legs, swelling and pain in both right knee and left ankle joints; said the pains had been shifting from one joint to the other. His tongue was furred; pulse 102, temperature 99°; had been very restless for the last few nights. I considered it a case of subacute rheumatism, and ordered a calomel purge and a mixture containing the bicarbonates and nitrates of potash.

May 2nd.—Had a better night. Less pain in joints. He could not raise himself to the sitting position without assistance, and this increased the pain very much in both back and lower extremities. I now discovered that he was almost completely paraplegic—had lost total power over the right lower extremity, and had only slight motion at the ankle-joint of the left. It was the first time that he himself was conscious of the loss of power; sensation was very little, if at all, diminished; very slight reflex irritability; excited by tickling or pricking the soles of the feet, the only movement excited was a slight twitching of the toes. No tenderness on pressure along the spine; no unusual feeling excited by passing the hot sponge; no urinary trouble. I now found that three days previous to my seeing him he had walked a mile and a half and had sat down for an hour. On getting up to return home he found he could not stand. After a short time this passed off and he was able to walk home; his only inconvenience arising from the great pain in his back. Although he had told me he never had a day's illness in his life, I discovered what I considered to be a well-marked syphilide on his arm, which had first appeared about four years ago. I also learned that about the same time he had some trouble with his eyes and almost became blind. After a short treatment his eyes got well, but the eruption persisted. He denied having ever had a chancre. I now ordered him a mixture containing ten-grain doses of iodide of potassium and one-eighth of a grain of the bichloride of mercury, and a ten per cent. solution of oleate of mercury to be well rubbed into his back.

3rd.—Pulse 99; tongue furred; temperature normal. Less pain; swelling in ankle-joint gone; no pain in knee. Bowels have acted; power in extremities the same. Treatment continued.

4th.—Pulse 90; tongue furred; temperature normal. Condition of right lower extremity the same, but decidedly more power in left. Slept well.

5th.—Has gained considerable power over right leg; power over left seems completely restored. No pain in back; some stiffness.

6th.—Found him with both knees flexed. Says he is quite well, only a little stiffness in back and thighs.

7th.—Can walk across the room without pain; only complains of the stiffness in back and thighs.

From this time he made a good recovery, and is now able to follow his employment as a market-gardener. During his treatment the eruption on his arm almost disappeared.

The case is remarkable for its rapid cure. I have no doubt what I had to deal with was a circumscribed gummatous meningitis, but, happily, arrested before any injury to the cord was produced. There are many points in this case agreeing with one of Dr. Buzzard's; amongst them are the low temperature, and the want of tenderness on pressure of the spine. I cannot help thinking that I have seen a number of such cases as this one in hospital, hopelessly going on from bad to worse, owing, no doubt, to not being early recognised.

HENRY M'CLURE, M.D.

Chadwell Heath, Essex, June 2nd, 1879.

ENGLISH PRACTITIONERS AND INVALIDS RESIDENT ABROAD.

To the Editor of THE LANCET.

SIR,—In the article on "English Practitioners and Invalids resident abroad," in THE LANCET of the 12th inst., the case against Belgium is rather overstated. Permission to practise has usually, but not invariably, been refused to English medical men. I obtained it in 1875, and have resided in Brussels ever since; but I believe I am at the present time the only person holding English diplomas in practice in Belgium.

The text of the *arrêté royal*, as the licence is called, runs thus:—"Le sieur —— est autorisé à pratiquer l'art de guérir en Belgique." So you see the foreign medical man's practice is not restricted to his own countrymen; he really enjoys most of the privileges of his Belgian *confrères*.

This royal decree is, however, never granted except after an examination, which is not very easy; but I can certify that no more obstacles are thrown in the way of Englishmen than of any other foreigners. In that respect the examiners are very impartial.

I am, Sir, yours truly,

P. J. THOMSON, M.R.C.S. Eng., L.R.C.P. Lond.

Rue de Namur, Brussels, July 16th, 1879.

PARLIAMENTARY PROCEEDINGS.

HOUSE OF COMMONS.

Thursday, July 10th.

SURGEONS IN IRISH GAOLS.

Mr. BRUEN asked the Chief Secretary for Ireland whether the surgeons of gaols in Ireland who were appointed by Boards of Superintendence, and who had performed the duties of their office before and since the 1st day of April, 1878, were recognised by Her Majesty's Government as "officers attached to prisons" within the meaning of Sec. 27 of the General Prisons (Ireland) Act, 1877; whether surgeons not so appointed, but obliged, as surgeons of infirmaries to perform medical duties in gaols, and who had performed them before and since the 1st day of April, 1878, were so recognised; and whether any salary would be paid to prison medical officers for duties performed from the 1st day of April, 1878, to the present time; and, if so, whether he would lay upon the table of the House a scale of the salaries to be paid for the performance of these duties.

Mr. J. LOWTHER.—My answer to all my hon friend's inquiries is in the affirmative; and, in addition to the table of salaries, I will lay upon the table an explanatory document, which will make the matter clear.

In reply to Mr. Errington, who put a question respecting a memorial from the Irish College of Physicians protesting against the proposed amalgamation of the offices of surgeon and compounder in the Irish gaols,

Mr. J. LOWTHER said—A memorial of the nature referred to has been received. The intention, however, is not to make the amalgamation compulsory in the case of existing officers, but only in the cases of fresh appointments.

HOUSE OF LORDS.

Tuesday, July 15th.

VIVISECTION.

Lord TRURO moved the second reading of the Cruelty to Animals Bill. On evidence given before the Royal Commission on the subject, the noble lord denied that great medical and surgical discoveries had been made through vivisection, and he told the House that if the Bill were thrown out that evening the opponents of vivisection would persevere until they secured its prohibition.

Lord BEAUCHAMP, in moving the rejection of the Bill, contended that the Act of 1877 had worked well, and that in the interests of humanity it would be unwise of the Legislature to prohibit vivisection.

Lord SHAFTESBURY argued that the restrictions imposed by the Bill of 1877 had not had the effect of preventing cruelty.

The Bishop of PETERBOROUGH sympathised so completely with Lord Shaftesbury as to the duty imposed on us towards the lower animals, that he never felt more regret than he did in being obliged to differ from him in the conclusion at which the noble earl had arrived. Unnecessary pain to any animal he joined in condemning, but if it was lawful to put animals to the pain of death for the purpose of preserving human life by animal food, was it possible to contend that it was unlawful to put them to pain for the preservation of human life by the cure of disease? He had heard from the lips of one of our greatest surgeons that an operation which had been discovered in our own times, and by which thousands of human lives had been saved, was owing to observations made on twelve rabbits which had been subjected to vivisection. In the interests of humanity he deprecated the abolition of vivisection, though he would guard the practice by any conditions which might be thought necessary.

Lord CARNARVON pointed out that nothing could be more injudicious than to attempt too much in the direction of suppressing vivisection.

Lord CARDWELL, as chairman of the Commission on Vivisection, vindicated the action of the Commissioners and the working of the present law.

Lord ABERDARE, as one who had filled the office of President of the Society for the Prevention of Cruelty to Animals, wished to explain that he would vote against the Bill, as one which would prohibit vaccination and many useful operations.

Their lordships divided on the second reading: contents 16; non-contents 97; majority 81. The Bill was accordingly rejected.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed the Primary Examination in Anatomy and Physiology at the recent meetings of the Board of Examiners:—

Herbert Deane and E. Hazel, Middlesex Hospital; H. W. Murray, Dublin; C. T. Griffiths and T. F. W. Rowlands, Guy's Hospital; G. E. Leon, St. Thomas's Hospital; R. F. Benham, T. R. Pickthorn, and G. T. H. Thomas, St. George's Hospital; S. C. Mukhopadlyay, John Williams, and J. C. Castor, Aberdeen; J. W. C. Herbert, William Wallers, and John Priestley, Manchester; Ashley Bird, F. J. Balldon, E. S. Scott, H. N. Everard, William Y. Orr, and A. P. L. Wells, Edinburgh; F. J. Burman, Thomas H. Smith, and F. W. Smailes, Leeds; J. C. C. Cleaver and W. F. Cleaver, Kingston, Canada; A. G. Viljoen, Edinburgh and St. Bartholomew's Hospital; Harry Adcock, Liverpool; T. W. Price, Birmingham; R. G. Style, Sheffield; Thos. Wilson, Glasgow and Westminster; E. L. Prowde Newcastle-on-Tyne; John Mason, Cambridge; J. W. C. Cook, London Hospital; W. H. Henderson, Kingston, Canada; Herbert E. Sieveking and G. R. R. Paine, St. Mary's Hospital; J. B. Lawford, M'Gill College, Toronto; John Hill, Charing-cross Hospital; John Waldy, Newcastle-on-Tyne; A. G. Southcombe, Oliver J. Garrett, E. T. A. Boyton, T. W. Bagshaw, A. R. H. Oakley and H. H. Back, St. Bartholomew's Hospital; Howard Bendall, Henry B. Strong, H. L. Holt, W. L. Cranstone, W. W. Baxter, J. S. Hill, R. Boxall, J. W. Inger, J. A. R. Stollmeyer, E. Jones, F. Gravely, Edward Wilson, and H. J. W. Martin, University College; T. R. Atkinson, E. Knight, J. E. Ellison, A. H. Chalmers, H. G. Shore, R. D. Batten, and W. B. C. Duble, St. Bartholomew's Hospital; E. Roberts and J. J. Tomney, Guy's Hospital; St. G. Reid and J. W. Harrison, St. George's Hospital; C. E. Goddard, King's College; P. C. Smith, H. O. Trevor, Alfred Pocock, and A. C. Wallace, St. Thomas's Hospital; J. F. Williams and C. A. Wigan, Charing-cross Hospital; A. Tilly, St. Mary's Hospital; A. K. Gale, London Hospital; T. G. Hockridge, M'Gill College and St. Thomas's Hospital; St. D. G. Walters, Cambridge; E. Morse, F. Bass, W. H. Evans, M. Michell, Benjamin Bertram, T. M. Kendall, G. A. C. Fletcher, and G. T. Smith, St. Bartholomew's Hospital; L. B. Claremont, Wm. Case, H. V. Knaggs, E. Da Costa, S. G. Smith, and F. O. Y. Roosmale-Cocq, University College; W. B. Richards, Cambridge and London Hospital; L. Roberts, Edinburgh and Charing-cross Hospital; H. Bate and E. C. H. Van Buren, St. George's Hospital; A. W. Fairles and F. H. Butler, St. Mary's Hospital; E. G. Ochiltree, Melbourne and University College; C. R. C. Lyster and W. A. Farebrother, Charing-cross Hospital; J. Allan, Aberdeen; A. C. Kemble and C. Rooke, Westminster Hospital; H. M. Curtayne, Melbourne and University College; H. Teevan, Toronto; St. Clair Thomson, King's College; C. S. Harper, Guy's Hospital; Robert Ritson, St. George's Hospital; R. J. A. Durant, St. Thomas's Hospital.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on July 10th:—

Cotman, John Sell Edmund, Twickenham.
Lewis, John George Stephen, Windsor-road, Ealing.
Greensill, James Heynes, Great Whithy.
Parr, John Frederick Fitzgerald, Sheffield.
Teevan, Alfred, Hammersmith.
Uhthoff, John Caldwell, Anerley.

The following gentlemen on the same day passed the Primary Professional Examination:—

William Robert Gould, University College; Clarence William Haig-Brown, St. Thomas's Hospital; Henry James Sequeria, London Hospital.

COLLEGE OF PHYSICIANS IN IRELAND.—At the July examinations the following obtained the licences in Medicine and Midwifery:—

MEDICINE.—Henry Banks, Arthur England Johnson Croly, Peter Reynolds D'Alton, William Dugdale, Thomas Fitzpatrick, Murray Mackenzie, Edward Patrick Meagher, Edward Morrissy, Charles Joseph O'Connor, William Henry Ogden, Bernard Reddy, Edmund Shackleton, Henry Lawrence Esmond-White, Vincent White, Wm. Owen Wolseley, George Harrison Younge.

MIDWIFERY.—John William Byers, Peter Reynolds D'Alton, John Singleton Darling, Constantine Richard Egan, Thomas Fitzpatrick, Charles Magill, Charles Joseph O'Connor, Bernard Reddy, Edmund Shackleton, Henry Lawrence Esmonde-White, Vincent White, Wm. Owen Wolseley, George Harrison Younge.

THE library of the Obstetrical Society will be closed during the month of August.

DR. ALFRED BOSTOCK HILL, public analyst for Warwick, in his quarterly report to the 30th June, states that he had not received any samples of food, drink, or drugs for analysis.

THE Local Government Board have sanctioned a separate appointment of a medical officer of health for the Mansfield Rural Sanitary district, instead of conjointly for the Mansfield and Mansfield Woodhouse Urban, and the Mansfield, Southwell, and Worksop rural sanitary districts as hitherto.

SOCIETY OF MEDICAL OFFICERS OF HEALTH.—At the annual meeting held on the 9th inst., the following officers were elected for the year ensuing:—President: Dr. J. S. Bristowe. Vice-presidents: Mr. J. Liddle, Dr. G. Buchanan, Dr. T. Stevenson, Dr. C. O. Baylis, Dr. W. H. Corfield. Treasurer: Dr. J. W. Tripe. Secretaries: Dr. J. N. Vinen, Mr. S. F. Murphy. Council (metropolitan members): Mr. G. P. Bate, Mr. F. M. Carver, Dr. T. O. Dudfield, Mr. H. Leach, Mr. S. R. Lovett, Dr. J. Stevenson; (extra metropolitan members), Dr. J. Adams, Dr. F. T. Bond, Dr. G. W. Child, Dr. A. Hill, Mr. E. L. Jacob, Dr. R. P. B. Taaffe.

ST. THOMAS'S HOSPITAL.—The annual distribution of prizes to the successful students of the medical and surgical college of the above institution took place under the presidency of Alderman McArthur, M.P. The awards consisted of scholarships, certificates of honour, and medals. The gold medal was won by Kanchiro Takaki, of Japan. The same student also obtained the Cheselden medal for surgery and anatomy. After the distribution of prizes, Dr. Ord, the Dean, alluded with satisfaction to the increasing number of students yearly at the school, and said no sign could be more conclusive as to the credit which it had won among the public at large. Mr. McArthur also congratulated the students. A vote of thanks was then given to the chairman, and the proceedings terminated.

UNIVERSITY OF DUBLIN.—At a recent meeting of the Provost and Senior Fellows, it was resolved to expend the sum of £2600 upon a new histological laboratory, for the use of the students attached to the School of Physic, and which is to be placed under the management of Dr. J. M. Purser, King's Professor of Institutes of Medicine. Mr. Bagot Blood has presented to the library of the University, a copy of the Magna Charta, written on vellum and handsomely illuminated. It bears the date of 1817, having been dedicated to the Prince Regent, and is considered of such value that £500 has been offered for it on more than one occasion.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—The Quarterly Court of this Society was held on July 9th; Sir George Burrows, President, in the chair. Sixty widows and fourteen orphans were receiving grants amounting to £1296, three orphans on the Copeland Fund were voted £6 each. The expenses of the quarter amounted to £47 17*s*. Two additional widows and two orphans were admitted as recipients of grants. Two new members were elected, and two deaths of members were announced. A memorial was read from the Midland Branch of the British Medical Association, asking the directors to extend the benefits of the Society so as to embrace the Midland Counties. The directors resolved that "The Court of Directors regret that at present they do not see the possibility of extending the operations of the Society in the mode suggested by the Midland Branch of the British Medical Association. The Court will, however, be happy to receive any definite propositions from the Midland Branch which will tend to make their application more feasible." At the suggestion of the President, it was resolved that the hour of future meetings should be changed from 8 o'clock to 5 P.M.

BEQUESTS ETC. TO MEDICAL CHARITIES.—The executors of the will of Miss Hurst have offered to assign £3000 Consols (upon certain conditions, which were immediately agreed to by the committee) to the Stamford, Rutland, and General Infirmary. Mr. John Foster, of Clayton, Yorkshire, bequeathed £1000 each to the Halifax Infirmary and Dispensary, and the Bradford Infirmary and Dispensary. Mr. R. J. O. Vandeleur, late of Dublin, has left £1500 to the Convalescent Home, Stillorgan, £2000 to the Stewart Institution for Idiotic and Imbecile Children, and £1000 to the Cripples Home, Bray. Mr. Henry Phelps, late of Monkstown, near Dublin, has bequeathed £200 to the Hospital for Incurables, £100 to City of Dublin Hospital, £50 to the Meath Hospital, and £50 to Rathdown Hospital.

Medical Appointments.

BOX, W. H., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer and Public Vaccinator for the No. 2 District of the Faringdon Union, and Medical Officer of Health for the No. 2 Sub-district of the Faringdon Rural Sanitary District, vice Knill, resigned.

BRANFOOT, H. S., M.B., has been appointed a Demonstrator of Anatomy at Owens College, Manchester.

CARROLL, T. E., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Medical Officer, Public Vaccinator, &c., for the Carlingford Dispensary District of the Dundalk Union, co. Louth, at £100 per annum and fees, and £25 per annum as Medical Officer of Health, vice Barbor, resigned.

DOBBIN, J., M.D., L.R.C.S.Ed., has been appointed Medical Officer, Public Vaccinator, &c., for the Keady Dispensary District of the Armagh Union, at £120 per annum and fees, and £20 per annum as Medical Officer of Health, vice Leeper, resigned.

FIELD, E., M.B., L.R.C.P.L., M.R.C.S.E., has been appointed a Medical Officer to the Eastern Dispensary, Bath, vice Saunders, resigned.

FRASER, A., M.B., C.M., has been appointed a Demonstrator of Anatomy at Owens College, Manchester.

GAGE, R. C., M.B., C.M., has been appointed Medical Officer, Public Vaccinator, &c., for the Croagh Dispensary District of the Ballycastle Union, co. Antrim, at £100 per annum and fees, and £20 per annum as Medical Officer of Health, vice Dunlop, resigned.

HARVEY, A., M.R.C.S.E., L.S.A.L., has been appointed Junior Resident Medical Officer to the Royal Free Hospital, vice Battams, resigned.

HILL, A. B., M.D., L.R.C.P.Ed., has been appointed Professor of Chemistry and Practical Chemistry at Queen's College, Birmingham.

HODGES, J. F., M.D., F.C.S., has been appointed Public Analyst for the County Armagh, at £5 per annum and 10*s*. 6*d*. per analysis, vice Whitla, deceased.

HODGES, Mr. R. W., has been appointed Apothecary to the Queenstown Dispensary, Cork Union, vice Atkinson, deceased.

IRVINE, W., M.D., C.M., has been appointed Medical Officer to the Branch Workhouse, Dingle Mount, Liverpool, vice Campbell, resigned.

JACKSON, A., M.R.C.S.E., L.S.A.L., has been appointed House-Surgeon to the Beckett Hospital and Dispensary, Barnsley, vice Nundy, resigned.

JEFFREY, J. D., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Certifying Factory Surgeon for the District of Ayton, Berwickshire, vice J. Jeffrey, M.D., deceased.

JUMEAUX, E., L.R.C.P.Ed. & L.M., M.R.C.S.E., has been reappointed Medical Officer of Health for the Oystermouth Urban Sanitary District, Glamorganshire, at £15 for one year.

KEIR, W. I., L.R.C.P.Ed., L.F.P.S.G., has been appointed Medical Officer of Health for the Melkaham Rural Sanitary District, at £30 for one year, vice Perry, deceased.

LEACH, H., M.R.C.P.L., M.R.C.S.E., has been reappointed Medical Officer of Health for the London Port Sanitary District, at £325 for one year.

LILLY, J. H., L.R.C.P.Ed., L.F.P.S.G., has been appointed Medical Officer and Public Vaccinator for the No. 4 District of the South Stoneham Union, and Medical Officer of Health for the No. 4 Sub-district of the South Stoneham Rural Sanitary District, vice Shiels, resigned.

LOCKWOOD, J. P., L.R.C.P.L., M.R.C.S.E., has been appointed Certifying Factory Surgeon for the District of Faringdon.

MILES, G. E., M.R.C.S.E., L.S.A.L., has been appointed Assistant Medical Officer to the City of London Union Infirmary at Bow.

MOLONY, J., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Certifying Factory Surgeon for the District of Collooney, co. Sligo.

PEARSE, W. H., M.D., has been appointed a Physician to the Plymouth Public Dispensary, vice Hingston, resigned.

PRICKETT, Dr. M., has been appointed Physician to the Out-patient's Department of the Samaritan Free Hospital for Women and Children, vice Day, resigned.

SMART, D., L.R.C.P.L., M.R.C.S.E., L.S.A.L., has been appointed a Surgeon to the Surrey Dispensary, Great Dover-street, vice Brown, resigned.

SMITH, C. C., L.K.Q.C.P.I. & L.M., L.R.C.S.I., has been appointed an Assistant Medical Officer to the Essex Lunatic Asylum, Brentwood, vice Burtonshaw, resigned.

TURNER, A. M. S., M.R.C.S.E., L.S.A.L., has been appointed a Medical Officer to the Gloucester Provident Dispensary, vice Hickes, resigned.

WHITCOMBE, P., M.R.C.S.E., L.S.A.L., has been reappointed Medical Officer to the ship *Rhia*, off Gravesend, at £210 for one year.

Births, Marriages, and Deaths.

BIRTHS.

BARNES.—On the 12th inst., at Hammersmith, the wife of Edward C. Barnes, M.R.C.S.E., of a son.

DAVY.—On the 11th inst., at Templeogue, co. Dublin, the wife of Edmund W. Davy, M.D., of a daughter.

FLEMING.—On the 5th inst., at 71, Bridge-street, Worksop, Notts, the wife of C. Fleming, L.R.C.S.I., L.K.Q.C.P.I., of a daughter.

FRY.—On the 9th inst., at Belvoir, Swansea, the wife of John Farrant Fry, L.R.C.P.L., of a son.

GANDY.—On the 6th inst., at Gipsy-hill, Upper Norwood, the wife of William Gandy, M.R.C.S.E., of a son.

GIBSON.—On the 9th inst., at Whitmore Bank, Harborne, the wife of George A. Gibson, M.B., of a daughter.

HARDY.—On the 9th inst., at The Grove, Dulwich, the wife of H. N. Hardy, F.R.C.S.Ed., of a son.

O'FLYNN.—On the 7th inst., at Lismore, the wife of Philip O'Flynn, L.R.C.P.Ed., of a daughter.

RICE.—On the 8th inst., at Shannon View, Ballylongford, the wife of Dominick J. Rice, L.R.C.P.Ed., of a son.

MARRIAGES.

HUMPHRY—SIMPSON.—On the 3rd inst., at St. Mary Abbotts, Kensington, Reginald Humphry, L.R.C.P.Ed., to Emma, daughter of the late Henry Simpson, Esq.

SKINNER—SUMMERSON.—On the 9th inst., at the Parish Church, Hemmingborough, Yorkshire, Charles Gordon Lennox Skinner, M.D., to Emily Reinhardt, daughter of the late George Summerson, Esq.

DEATHS.

BLYTH.—On the 11th inst., at Whitchurch, Oxfordshire, Edward James Blyth, M.R.C.S.E., aged 53.

BRENNAN.—On the 9th inst., at Guilford-road, South Lambeth, Robert Brennan, M.R.C.S.E., aged 38.

BUSZARD.—On the 11th inst., at Lutterworth, Leicestershire, Marston Buszard, M.D., aged 77.

KELSALL.—On the 6th ult., at Dakka, Affghanistan, Henry Kelsall, M.R.C.S.E., Surgeon-Major, 1st Division Royal Horse Artillery, aged 47.

MACLAREN.—On the 12th inst., at Johnstone, Renfrewshire, Malcolm Maclaren, L.F.P.S.G.

PHILPOT.—On the 9th inst., at Cheltenham, from the effects of a gunshot wound in the forehead, received on the 5th inst., Allan Hamilton, third son of Harney J. Philpot, L.R.C.P. &c., aged 8 years and 9 months.

REES.—At South Yarra, Australia, William Carey Rees, M.D.

SARGANT.—On the 12th inst., at Bletchingley, Surrey, William Henry Sargant, L.S.A.L., aged 72.

TERRY.—On the 3rd inst., on board the Peninsular and Oriental Steam Navigation Company's ship *Lombardy*, on the passage home, invalided, Septimus Terry, L.R.C.P.L., Staff-Surgeon, H.M.S. *Charybdis*, aged 40.

WOOD.—On the 7th inst., at Albany-street, Edinburgh, Andrew Wood, Surgeon, formerly of the Bengal Artillery, aged 83.

N.B.—*A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.*

Notes, Short Comments, and Answers to Correspondents.

THE KENT BENEVOLENT MEDICAL SOCIETY.

THE annual meeting of this Society was held in Canterbury on Wednesday, the 9th inst. George Rigden, Esq., President, occupied the chair. The audited accounts of the preceding year were presented by the treasurer, and signed by those present. It appeared that £8100 is invested in the three per cent. consols, and that the annual subscriptions from members amount to rather more than £170. Grants ranging from £20 to £50 were made to ten applicants, who were either distressed members or widows or orphans of deceased members. Fourteen new members were elected. It is a matter of regret that a Society so useful both in its provident and benevolent aspect does not meet with universal support within the ranks of the profession in the county and a wide sympathy from the general public, in whose behalf in the treatment of infectious diseases many medical men are incapacitated or lost to their families before they have had an opportunity of providing for them.

Mr. T. Cahill.—The proposal made by our correspondent would shut out the light from the operator.

"ON A HITHERTO UNNOTED FEATURE OF THE BLOOD IN LEUCOCYTHÆMIA."

To the Editor of THE LANCET.

SIR,—I have read with interest Mr. Lukis's communication in your last issue; and had he referred to the original paper by Osler in the Transactions of the Royal Society, vol. xxii., p. 391, he would have found a much fuller description of the masses which I noted, with an ascription of their discovery to Max Schultze. I had forgotten Osler's description as quoted by Quain; but it is evident from my mentioning two earlier cases than my own in which they have been observed that I did not claim the merit of being the discoverer, but only of being the first to draw attention to them in connexion with leucocythæmia. As there is no reference to them in the whole bibliography of that disease, I conceive that this claim is a fair one; but it is not a little remarkable that masses of such large size (up to 1-500th or 1-400th of an inch in diameter) should have been overlooked, unless indeed they were regarded, as they were by one distinguished physician to whom I showed them, as an utter fallacy, due to accidental impurities on the slide or cover-glass.

In one point I cannot help differing from Osler. He regards the masses as being formed at the moment of escape of the blood by an aggregation of the discoid particles of which they appear to be composed; but as I find that by the action of acetic acid they present the appearance of an aggregation of millet-seed-shaped bodies much resembling nuclei, I cannot help thinking that my conjecture as to their nature may be correct. There is, of course, the difficulty presented by their large size (much greater than that of the capillaries) to be met, and this I cannot profess at present to explain; possibly, as has been supposed by former observers, they may sometimes produce embolism. I am inclined, however, to think that their origin is to be sought for in some change outside the blood-stream; probably in the lymphatics or connective-tissue cells, some of which must almost necessarily be involved in making the puncture for the escape of the blood.

If it be asked what is the meaning of all this, even if it be proved, I can only say that in the treatment of a disease so unmanageable as leucocythæmia every *fact* is a step in advance, however small.

I remain, Sir, your obedient servant,

EDWARD C. BOUSFIELD.

St. Bartholomew's Hospital, July 14th, 1879.

UNIVERSITY OF VERMONT.

DR. WILLIAM DARLING, F.R.C.S. Eng. (Exam.), Professor of Anatomy in the University of New York, has just had the honorary degree of Doctor of Laws of the above institution conferred on him. The value of this distinction will be fully appreciated by the Fellows of the London College of Surgeons, to whom Dr. Darling is well known.

Studens.—The evils resulting from tight-lacing and "wasp waists" have been frequently pointed out in THE LANCET.

BURMESE ITCH.

To the Editor of THE LANCET.

SIR,—I shall feel very grateful to any of the readers of THE LANCET if they will give me the cure for that obstinate skin disease popularly known as Burmese itch. It is of an eczematous character, attacking the perineum, scrotum, margin of anus, and with a tendency to spread to the inside of the thighs. It is a common affection in Burmah and the Malay Peninsula. It often gives way to goa powder; but in some instances it is a most obstinate and painful affection, and in my own case, now of two years' standing, the following remedies have been tried without any effect beyond that of lessening the irritation for a few hours:—Goa powder, carbolic acid of varying strength, bismuth and glycerine, chloral and glycerine, boracic acid in spirits of wine.

I remain, Sir, your obedient servant,

Madras Presidency, June 3rd, 1879. M.R.C.S.

HEALTH OF DUBLIN.

THE deaths registered in Dublin during the June quarter amounted to 2860, or 36·4 per 1000. This high death-rate was partly due to 286 deaths which took place during the first quarter of the year not having been registered until the second quarter. Zymotic diseases caused 521 deaths, a number considerably over the average for the corresponding quarter of the past ten years.

Mr. Engledue Prideaux.—The paper is marked for insertion.

THE DOCTOR'S HOLIDAY AND THE OFFICE OF LOCUM TENENS.

To the Editor of THE LANCET.

SIR,—The season is on us, or approaching, when so many doctors are seeking their annual relaxation. It adds greatly to the pleasure of their outing if they can think and feel that they have left behind them a faithful "locum" who will guard their interests. I have filled this office for a long time, and under most varied circumstances. The so-called holiday time makes but little difference to me, for all the year round I find work. Hard work and over-anxiety are always telling the tale on someone, who at last has to knock up, and I see the bread-winner for a wife and family laid low, have to fill his place, and am frequently thanked by wives and relatives for the care that restores him and the attention to his practice that has left his mind at rest and given him a fair chance of recovery. Again I see the icy hand of death grasp a young man in full vigour and active practice, who is cut down like the grass, and his place knows him no more, possibly in the short space of a few days. Here I have kept the widow's interest at heart, secured a good sale for the practice, and been flattered by friends and patients for my great kindness and consideration for the widow and family. I will not enlarge on more scenes, but simply state as a fact that I have stood in Royal houses, episcopal palaces, and ducal residences as a locum; have always been well received, and possibly have been at the bedside of more high-class patients than half the general practitioners in the kingdom. I possess ample testimony of my efficiency, and gratefully record that, on the whole, I have received the greatest kindness, consideration, and liberality from members of the profession for whom I have acted, and who, I may now say, I enrol as my personal friends. But things do not always go on so smoothly with me. More cases than I like to think of have occurred where I have been grossly deceived—where I have been told that there is but little to do, no midwifery left on the list, a dispenser kept, &c. &c.; and no sooner has the principal left than I find I am expected to act *in loco parentis*, dine at a nursery dinner, and put up with a diet that a footman would simply smile on, and am expected to earn about £1500 a year for £3 3s. a week. These are cases where the locum would be something more than mortal if he attempted to do anything for his employer beyond the plain line of duty. He is not likely to go out of his way to further the interests of his employer.

Another illustration and I have done. In the ranks of the profession are many in the suburbs who live at corner houses with "red lamps." I have been entrapped by them, but am very cautious now. They answer advertisements, and go to agents to find a "gentleman" to take charge for them. He must answer this description. A brougham is kept, and for fine weather a victoria, both vehicles, with the coachman, being well appointed. The work is represented as being likely to be very light during the absence of the principal. When he has departed, I have found that I had to do about £2000 a year for £4 4s. a week, the great feeder to the practice being the door round the corner, where patients are seen from 9 to 11 A.M. and from 8 to 11 P.M.; consultations and medicines, 1s. 6d., but take 1s. rather than let them go away. I do not pretend to be able to please this class of patients, and therefore cannot give satisfaction to the principal. All this arises from a want of candour and truthfulness when such men apply to any of the respectable agents for a trustworthy locum. If they would only tell the agent the truth, he would find them plenty of good men to act for them who understand this class of practice. I mostly find this class of employers require a "photo" and about six references, are loud in their complaints of "the man" that was sent to them last year by Mr. ——, the agent.

If, Sir, you will kindly insert this, although I fear I am asking for a large portion of your valuable space, I think it may be the means of preventing disappointment to many of your readers proposing a holiday. If they will plainly state their wants to any of the respectable agents, they will get a man suited to their practice, if they are truthful as to the duties required of him, and I shall hope, through the medium of your advertising columns and assistance of the agents, to get employment still, as I have for years, in the class of practice for which I feel myself fitted.

I am, Sir, yours faithfully,

July, 1879. AN OLD LOCUM TENENS.

VOMITING IN PREGNANCY TREATED WITH INGLUVIN.

To the Editor of THE LANCET.

SIR,—In answer to Dr. Kempe's letter on this subject, I may state that I have tried ingluvin twice in these cases without any benefit whatever. The first case was almost precisely similar to Dr. Kempe's as to age, history, previous treatment, &c. Here it was entirely inert (as indeed were all other remedies tried). In the second case, a woman of about forty years of age, I prescribed it before anything else, with only temporary relief. She was, however, almost entirely cured by oxalate of cerium exhibited afterwards.

Yours &c.,

C. E. RICHMOND.

Infirmary and Dispensary, Warrington, July 13th, 1879.

DR. CARVER'S SHOOTING.

EVERY person interested in studying the extent to which precision in the action of nerves and muscles can be carried should pay an early visit to the Crystal Palace, and there witness the shooting of Dr. Carver—certainly the most marvellous exhibition of the sort which we have seen. Dr. Carver, we believe, attributes his skill in shooting, as well as his knowledge of medicine, to the Indians, amongst whom he has spent a great part of his life. It is noticeable, from a physiological point of view, that he uses neither alcohol nor tobacco. He is thirty-nine years old. Apart from Dr. Carver's interesting performance, we cannot withhold a word of praise to the Crystal Palace authorities for the varied entertainments which they provide, at so moderate a cost, for their visitors.

Dr. H. Fisher's paper shall be published in an early number.

THE ARMY MEDICAL REPORTS.

To the Editor of THE LANCET.

SIR,—The remarks in your issue of April 5th, 1879, on the absence of reports from the Professors of Medicine and Pathology in the Army Medical Reports for 1877 lead me to observe that, in addition to the above shortcomings, there are others equally damaging to the reputation of the school at Netley, and more immediately prejudicial to the interests of medical science. I allude to the small estimation in which modern methods of treatment appear to be held at Netley. No doubt the more chronic forms of tropical diseases are those which chiefly come under the notice of the Professors of Medicine and Pathology there; but there is no excuse in these days of cheap literature for young medical officers being sent out here ignorant of the improvements that have been made in practical medicine in India of late years. It is now a pretty well ascertained fact that in chloride of ammonium the Indian practitioner possesses an agent as capable of controlling acute hepatic congestion as quinine ague, or ipecacuanha dysentery; but it would appear that this valuable medicine is looked upon at Netley as one of secondary importance only, or merely supplementary in the treatment of hepatic affections. The consequence is that it is only on arrival in India, and on seeing the practice of his seniors here, that the young medical officer learns how invaluable the chloride of ammonium is in the treatment of active hepatic congestion, chronic hepatitis, and "torpor" of the liver associated with congestion of the organ and lithæmia.

The new regulations for the Medical Department of the Army have just been issued in this country, and, on the whole, appear to be carefully and admirably compiled, and so framed as to meet every requirement. But on looking over the list of medicines for a field pharmacy waggon, I find chloride of ammonium is omitted. Is this another result of the teaching at Netley? At all events it seems to the Indian practitioner a singular omission, and one which should be speedily remedied if a British force is ever again to take the field in a tropical climate.

I am, Sir, your obedient servant,

India, May 22nd, 1879. MEDICUS.

DISEASED FOOD IN DUBLIN.

AT a recent meeting of the Public Health Committee of the Corporation of Dublin, the quarterly report of Dr. Cameron, city analyst, was received. During the three months 159 analyses were made, 21 articles of food found adulterated, and fines inflicted to the amount of £37. The meat, fish, &c., condemned as unfit for food during same period amounted to 77,349 lb.

Medicus.—We cannot recommend a particular institution, but there are many homes for the blind.

THE PHYSIOLOGY OF THE LARYNX.

To the Editor of THE LANCET.

SIR,—I think it would hardly be justifiable for me to occupy your space by replying fully to Mr. Illingworth's letter, as to do so would involve giving an account, necessarily long, of the reasons, physiological and acoustic, which have led to the adoption of the sufficiently well-known reed theory of voice. Those reasons would, I am confident, prove conclusive for anyone who studied the subject in its entirety. They have proved so for such physicists as Tyndall, Helmholtz, Merkel, &c. There is now, therefore, but little room left for anyone to hold opinions which are new and at the same time true concerning voice production. I may remark, however, that it is not by elongation, as implied by stretching, but by tension of the vocal cords that the pitch of voice is raised; and if Müller, Wyllie, and others went on adding to the weights they had suspended from the vocal cords until they were considerably elongated and even partly ruptured, it must be remembered that they produced notes an octave and more above the pitch the subjects in life could have emitted by parallel means. For, of course, the closure of the crico-thyroid chink prevents tension of the vocal cords beyond a limited extent. It is not necessary, however, to have recourse to the careful arrangements of these investigators in order to obtain a musical scale from a detached larynx; the clumsy imitation of the action of the laryngeal muscles that can be performed with our fingers is efficient for the purpose. Considering that we have a simple and obvious means for altering the pitch of voice, it seems scarcely logical to go out of our way after complex and indefinite theories which are not supported by any known acoustic facts. Your obedient servant,

Finsbury-square, July 14th, 1879. GORDON HOLMES.

HOW CONTAGIOUS DISEASES ARE SPREAD.

A PERSON, named Keating, was last week summoned, at the instance of the Public Health Committee of the Corporation of Dublin, for having on the 16th June allowed a "wake" to be held in a room where the body of his son, who had died of small-pox, lay. A fine of £5, the highest penalty permitted by the section of the Public Health Act bearing on the subject, was inflicted, and we trust the result will have a deterrent effect on a practice so revolting and so dangerous to the health and morals of the community. It may be added that one of the persons who attended the "wake" contracted small-pox, and died.

Mr. Legge Pantley.—At Queen Charlotte's Hospital, and in Hospitals for Diseases of Women.

OPERATION FOR STRANGULATED FEMORAL HERNIA IN A MAN NINETY YEARS OF AGE; RECOVERY.

To the Editor of THE LANCET.

SIR,—The following case may be deemed of sufficient interest to justify publication.

David B——, aged ninety, a pauper in the Wolverhampton Workhouse, came under my notice on May 24th. On examination I found a small femoral hernia. I attempted reduction by the taxis, but failed. He complained of pain at the seat of the tumour and at the umbilicus. I ordered an ice-bag to be suspended upon the tumour, and a one-grain opium pill every sixth hour. He had vomited slightly once or twice. After this the case pursued the usual course, and about noon on the following day, when I saw him, the vomit had a decidedly fæcal odour. I had made several ineffectual attempts at reduction by taxis previously. I gave chloroform myself (being rather pressed for time), and tried the taxis, which again failed. I then proceeded to operate in the usual manner, and having opened the sac and divided the constriction, which was at the femoral ring, I had no difficulty in reducing the gut. The gut was in a highly congested condition. The after-treatment calls for no comment. Six hours after the operation the patient voided flatus, and nine hours afterwards a stool.

June 18th.—The wound has now healed, and the patient has perfectly recovered his health.

The only merit I claim for the case is, that it demonstrates a somewhat extraordinary vitality, and, to one inexperienced like myself, is an assurance that, however unpromising a case may seem, it is a positive duty to operate. Yours &c.,

J. WOODWARD RILEY, M.R.C.S. Eng.,

July, 1879. Deputy Medical Officer, Wolverhampton Workhouse.

Candidate for A. and N. Medical Services.—Our correspondent should write to the Director-General of the Army Medical Department, 6, Whitehall-yard, for the information he desires.

G. C. M. is thanked.

Mr. Thompson. — Messrs. Harrison and Sons, Publishers, Pall-mall, London.

Dr. John Dougall.—Respectfully declined.

THE CASE OF THOMAS MILLERCHIP.

To the Editor of THE LANCET.

SIR,—The undermentioned subscribers to this fund have requested an acknowledgment in THE LANCET.

Mr. Packman, Sheffield	£0 10 6
Mr. Larking, Hull	1 1 0
M.D. Philadelphia	0 5 0
Mr. Gibson, Hull	0 10 0
Dr. Webster, St. George's	0 10 6
Mr. R. Cremer, Norwich	0 10 0
Mr. G. E. Jeaffreson, Framlingham	1 1 0
Mr. S. Harding, W. Haddington	0 5 0
Dr. Walmworth, Newport	0 10 0
Mr. J. H. Hughes, Ombersley, Droitwich	0 10 0
Mr. R. P. Weston, Wellington, Salop	0 5 0
Dr. W. Aspinal, Lancaster	0 10 0
Mr. C. W. Chubb, Torpoint, Cornwall	0 10 0
Dr. J. Marion Sims, Paris	5 5 0
Dr. Whittle, Liverpool	1 1 0

I am, Sir, yours obediently,

33, Dean-street, Soho, July 9th, 1879. JOSEPH ROGERS.

"CASE OF BULLET WOUND OF THE ANTERIOR LOBES OF THE BRAIN."

To the Editor of THE LANCET.

SIR,—The case reported in THE LANCET of May 3rd, 1879, is most interesting, as showing the wonderful recuperative powers of nature. But as it is reported, the casual reader is left in doubt whether the bullet was removed. Perhaps Mr. Smith, who reports the case, would be so good as to make this clear, and, if the ball was not removed, to state the reason why. In reading the case there appears little doubt but that the bullet traversed both the hemispheres, as evidenced by the passage of the probe; and though no recovery in such cases has been hitherto published, may we not look on this as a particular exception to that rule, and one that may occur again?

I am, Sir, yours &c.,

Mullaghlass Dispensary, July 10th, 1879. JOSEPH LIGHTBURNE.

PUBLIC HEALTH IN THE COLONIES.

A PUBLIC HEALTH BILL was brought in at the recent opening of the Cape Parliamentary session, which, though much more modest in its scope and details, is, as we believe, framed somewhat on the lines of our Public Health Act of 1872. We shall in a few weeks be in a position to explain and criticise the Bill, and trust that the capital itself, as one of the dirtiest cities in the world, will be first brought under its influence.

FLOGGING IN THE ARMY.

To the Editor of THE LANCET.

SIR,—The rapidly diminishing number of those who acquired, from personal observation, a knowledge of what corporal punishment in our armies used to be, say thirty years ago, must plead my excuse for offering to trouble your readers with some remarks on the subject.

Whatever may be the case now, *then*, as you know, the medical officer was responsible for the safety of soldiers receiving corporal punishment. Courts-martial used then frequently to sentence prisoners to receive 200 lashes; but, except in extreme cases, 50 of these were very generally remitted by the confirming officer. I do not think I ever saw 200 inflicted; often and often have I had to witness 150 lustily applied, and still oftener 100 lashes. While I still think that corporal punishment should be retained, to be resorted to for chastising bad conduct in armies in the field, and certain crimes and offences which cannot be named in print, I certainly consider that it ought to be abolished as a punishment for most of the misdemeanours and faults for which it is still allowed to be employed. At the same time I must state my conviction that those who discuss this form of what is nearly always nowadays well-deserved punishment, paint its horrors rather too vividly, often exaggerating them greatly. Nevertheless, I must candidly admit that on the first punishment parade where I was present officially, I fainted dead away before the prisoner had received 100 lashes, thereby saving him from the infliction of more than 50; but I never repeated such an exhibition of myself, although subsequent duty required my presence on wellnigh 100 similar occasions. My experience was that after the few first lashes, skilfully applied, a large number more could be received without very much suffering, provided the man's circulation were sound; that it was the unskilful drummer who inflicted the torture, or an experienced one flogging a well-known incorrigible scoundrel. Sensational writers and orators allude to blood pouring down. Now, in point of fact, blood seldom flows; the surface is more generally merely excoriated. Another observation I used to make was this, that the worse a man's character was, the more he used to bellow and pray for mercy; whilst the good soldier, whom unfortunately circumstances exposed to this form of punishment, almost always took it manfully. It is in such latter cases that it ought assuredly to be abolished. Attendance at these parades used to be one of the most disagreeable duties a medical officer had to perform. Of course his intervention was loudly and beseechingly claimed in most instances; the greater the scamp the louder the appeal, and the difficulty the medical officer had was to abstain from interfering unnecessarily, and thereby incurring the censure of his commanding officer. I cannot remember having stopped more than one punishment in addition to the involuntary interference already alluded to, and that was in the case of a man whom I knew to be unable to endure the lash; but, knowing that nothing else had power to restrain his bad conduct, I allowed him to receive a few. It is, I believe, a mistake to suppose that good soldiers object to corporal punishment being retained; on the contrary, I believe that the larger mass of the army, if it was polled to-morrow, would pronounce in favour of it being continued, greatly modified of course. It does not deter good men from enlisting, and it serves to keep back many hopelessly bad characters from entering the service, or it restrains them, in a measure, if there. It is a mistake to say that it disheartens and breaks the spirit of good men when they have once been publicly flogged. When a man is conscious that he has only been subjected to such a punishment through laws not duly limited in operation, and kept for very special crimes, he fails to feel the degradation much. I remember that the bugle-major of a regiment to which I belonged, and who was universally respected, had been flogged in early service. Indeed, although it may not be a pleasant way of attaining a good end, I have reason to believe that instances occur of young men being permanently reformed after one such punishment.

But in days gone by there was something impolitic and non-economic in the extreme and frequent use of the lash. If a man, in addition, was sentenced to imprisonment, this view was of less consequence; but if he was only flogged, and thereafter to return to duty when fit, it resulted that for ten days, more or less, he was lodged and fed comfortably in hospital, while better men were doing his duty; or if he had to undergo imprisonment with hard labour, his time in hospital was deducted from the former, and probably saved him from a portion of that most detestable and injurious of all punishments—namely, shot-drill, which, if still existing, ought to fall ignominously along with corporal punishment. If men are to do hard labour, let it be productive and healthy.

What, then, are the practical conclusions deducible from the foregoing remarks, if true? Let corporal punishment be retained for a limited number of crimes, chiefly for degrading vices and cowardice. Limit it to a dozen lashes well applied, or at least do not let it extend beyond the scriptural number of forty stripes save one. Flogging has in recent years been practised under civil law for unmentionable crimes in men and incipient vice in boys. Why, then, wholly exclude it from the army as a means of repressing like offences?—Yours, &c.,

JAMES JOHNSTON, M.D.,
United Service Club, Edinburgh, July, 1879. Late Army Surgeon.

IN MEMORIAM.

ARTHUR APPLETON WOODS, M.D., M.R.C.S.,

Who died of Typhoid Fever, at Herman, Port Natal, 23rd May, 1879.

Alas! my Lycidas! too early gone
Art thou, thy nobler life-work but begun,
Thy earnest worth half-known, just as the sun
Gold-tops fame's mountain-path with hope's bright dawn!

Thy end was mournful, not inglorious, for
Earth's best crusaders ever fight 'gainst pain;
Beneath the Red-Cross ensign men must gain
Their highest conquests on the field of war.

In olden times the fierce-souled Moslems found
Their fiercest foes where England's warriors swarmed;
Last year a band, thou not the least, went armed
With other weapons to deal life around.

And, later still, when death and danger sprung
From every yard of Southern Afric's soil,
Thou found'st a post of honour for thy toil
In suffering mankind's cause, but died too young!

Should highest purposes have highest powers—
Should missions noble aye have noble ends?
Alas! thy grief-struck mother, brothers, friends,
See not as God sees, yet His will be ours!

Belfast. W. H. R.

MEDICAL EXAMINATIONS AT THE UNIVERSITY OF DURHAM.

To the Editor of THE LANCET.

SIR,—On behalf of the University, of its medical graduates and undergraduates, and on behalf of those who may have some idea of presenting themselves for the Durham medical degrees, I trust you will give publicity, through your valuable journal, to this letter. I write this mainly to clear away some shallows which have wrongly been deepened into dark clouds by some apparently totally ignorant of the University and its examinations. I myself passed my curriculum at a London hospital, and have had some experience of London examinations, and as I have since spent a year at the Durham College of Medicine, and have just passed through the examinations for the degree of M.B., I claim the privilege of being intimately acquainted with these examinations, and of being capable of judging them in a fair light.

With regard to the 1st M.B. examination, I have no hesitation in asserting that it is essentially thorough and good. The subjects include Anatomy, Physiology, Chemistry, and Botany. With regard to the first two subjects, a candidate's knowledge is tested at three different parts of the examination; in Chemistry also, in addition to the paper and *viva voce*, some half-dozen substances are given for analysis; in Botany there is a paper and *viva voce*. I may also state that each candidate has to dissect in the presence of the examiners, and to undergo an examination upon his own part and those of the others.

With regard to the 2nd M.B. examination, I at once boldly assert that there is no more searching examination, no examination more calculated to expose a candidate's ignorance than this one. If an examiner is in doubt about a man, he can examine him just as long as he likes; there is no exact ten or twenty minutes, which unfortunately acts as a cloak for ignorance at too many examinations. The subjects for the 2nd M.B. include Medicine, Surgery, Pathology and Morbid Anatomy, Midwifery and Diseases of Women and Children, Materia Medica and Therapeutics Forensic Medicine and Toxicology. In all these subjects the minimum to pass is 50 per cent. In Medicine and Surgery, in addition to a very fair paper, there is a practical examination in the wards, the candidate having to take two or more cases, to undergo an examination upon these and others for just as long a time as the examiners think fit; finally, there is a long *viva voce* upon all the subjects. For the degree of M.S., in addition to the above, there are additional questions in the Surgery paper, a more searching practical and *viva voce*, and the candidate has to perform operations upon the dead body. Every part of these examinations is carried out in detail.

Now for the late M.B. examination. Ten men presented themselves nine passed. Of these, seven passed with credit; of these men, several have held appointments in London hospitals, and five or six of them are either medalists, scholarship-men, or prizemen.

Finally, I may say a word with regard to the M.D. examination for practitioners of fifteen years' standing. Since I have been here, four men have presented themselves, of whom three have been rejected. I see by THE LANCET of June 21st that a Mr. Berry is grieved to find that a man must be forty years of age before being admitted to this examination, and he wonders why this is so. Had Mr. Berry incurred the expense of living at Durham for a year, to say nothing of getting up the work for the M.B., he would then believe, as others do, that it is absolutely necessary to draw a line somewhere, and the Senate has acted wisely in drawing the line as it has done.

In conclusion, let me state that Drs. King Chambers, Burdon-Sanderson, Samuel Fenwick, Mr. Christopher Heath, and Mr. Luther Holden have been foreign examiners here, taking their respective parts in the examinations. Now, all these gentlemen have expressed themselves as agreeably surprised and highly gratified with the examinations and with the standard of excellence shown by the men. These are no idle remarks, and, coming spontaneously from such men, they speak for themselves. Let any man who is in doubt concerning what I have said consult these examiners. I have no fear of their answers.

I am, Sir, yours truly,

SAMUEL A. CRICK, M.B., M.S., &c.
Newcastle-on-Tyne, June 28th, 1879.